



Congressman David G. Valadao

Constituent Services Privacy Release Form

1. Fully complete the following fields. Please print legibly.

Prefix	Name	Social Security	Date of Birth
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City of Birth	State of Birth
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Address	City	State	Zip
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Phone Number	Email
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2. Is this case on behalf of anyone else? (Circle one) Yes No

If yes, please provide their complete information below:

Name	Social Security
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Address	Date of Birth
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Phone Number	Email
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3. Fully complete the appropriate section below for Immigration Inquiries. Please print legibly.

Petitioner	Beneficiary/Applicant
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Case/Receipt Number	Type of Application
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Office where application is pending	Date Filed
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Passport Inquiries:

Application Date

Travel Departure Date

Travel Destination

Passport Agency Location

4. Briefly describe that which you are requesting assistance for: *(Attach additional pages if necessary)*

5. Sign and date:

Pursuant to the Privacy Act of 1974, I hereby authorize Congressman Valadao's office to obtain any information to assist me with the matter described above.

Print Name

Signature

Date

6. Return this completed form to Congressman David G. Valadao at the address below:

Congressman David G. Valadao
101 North Irwin Street, Suite 110 B
Hanford, CA 93230