

Congressman Mike Turner

OH-10 Congressional District
Montgomery, Greene and Part of Fayette Co.
120 West Third Street, Dayton, OH 45402
Telephone – (937) 225-2843
Fax- (937) 225-2752



PRIVACY ACT RELEASE FORM

PLEASE PRINT CLEARLY

Mr./Mrs./Ms. Full Name: _____ Nick Name: _____

Mr./Mrs./Ms. Additional Name on Record (if any): _____

Address of Residence: _____

_____ City _____ State _____ Zip _____ County _____

Phone #: Home (____) _____ Work (____) _____ Other (____) _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

To begin your inquiry, provide all pertinent information related to your case/claim:

Federal Agency Involved (i.e., IRS, CIS, VA, etc.): _____

Immigration Alien number (if any): _____ Country of Birth: _____

Immigration receipt/tracking number(s) (no Social Security numbers): _____

Petitioner's Name: _____

Beneficiary's Name: _____

Date of filing: _____ Place of filing: _____

Immigration Form Type(s) – check all that apply:

- G-639 I-90 I-129 I-129F I-130 I-131 I-140 I-212 I-290B I-360
- I-485 I-526 I-539 I-589 I-590 I-600A I-600 I-601 I-612 I-690
- I-730 I-751 I-765 I-821 I-824 I-829 I-914 (Supplement A, B, or C)
- I-918 I-924 I-929 N-400 N-600 N-565 N-644 Other: _____

*Other Numbers Identifying your claim: _____

Please clearly describe your situation/timeline of activity, and the action, result, or information you desire. IRS matters must list the specific tax year(s) involved; if two names are on the return BOTH must sign the waiver. Please provide additional pages or pertinent documentation, as necessary. Inquiries may only be made on behalf of the person(s) directly affected.

Section below to be completed by the person(s) who is the subject of the request:

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code):

Permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Rep. Mike Turner and the staff of the 10th Congressional District to make inquiries to the appropriate officials on your behalf, and the release of information to the Congressman or his staff. This permission is on-going until revoked in writing or the stated issue is resolved.

I certify, under penalty of perjury, that

- 1) I provided or authorized all of the information in this privacy release and any document submitted with it;
- 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and
- 3) all of this information is complete, true, and correct.

I/We, the previously-named, authorize the agency(s) listed to release information contained in my/our records as relevant to checking my/our case status, answering questions, and providing information, to the extent permitted by law, to Representative Mike Turner and the Member’s staff.

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

** Only ONE signature for immigration issues.