

BILL HUIZENGA
4TH DISTRICT, MICHIGAN

COMMITTEE ON FINANCIAL SERVICES
OVERSIGHT AND INVESTIGATIONS, CHAIRMAN
CAPITAL MARKETS
COMMITTEE ON FOREIGN AFFAIRS
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Privacy Act Release Form

Dear Congressman Huizenga,

I request your assistance in resolving the problem(s) I am having with the U.S. Department of State.

In accordance with the Privacy Act of 1974, I authorize Congressman Bill Huizenga and his staff to forward correspondence, discuss the matter, and request and receive pertinent information from the agency listed above to seek resolution of my problem. The information I have provided is true and accurate.

Name (First, Middle, Last): _____

Signature: _____ Date: _____

Address: _____

City/State: _____ Zip code: _____

Email: _____ Phone (Cell/Home): _____

Name of Visa Applicant (First, Middle, Last): _____

Immigrant Visa Issue: ☐ Yes ☐ No

Non-Immigrant Visa Issue: ☐ Yes ☐ No

Applicant Date of Birth: ____ / ____ / ____

Country of Birth: _____

Applicant Passport Number: _____

Appointment Scheduled with U.S. Embassy/Consulate? ☐ Y ☐ N Date: ____ / ____ / ____ Time: _____

U.S. Embassy/Consulate Location (City/Country): _____

Service Center Receipt Number or Case Number: _____

If there is no case number, indicate "None"

Use the space below to briefly describe the issue you are having. Please include dates and locations when relevant and attach your most recently correspondence with the Department of State and any other pertinent information.
