

**PRIVACY ACT RELEASE FORM**  
**Immigration Casework**

This form must be completed by the petitioner or beneficiary, unless the beneficiary is a minor child - in which case, the form must be filled out by the parent.

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of Senator Barbara A. Mikulski.

Name of Petitioner: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Alien Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Beneficiary #1: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Alien Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Name of Beneficiary #2: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Alien Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Name of Beneficiary #3: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Alien Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Name of Beneficiary #4: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Alien Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Benefit sought:  Citizenship     Asylum     Refugee     Family Sponsored Adjustment

Employment based adjustment: I-140 Preference Category: \_\_\_\_\_ Priority Date: \_\_\_\_\_

Do you have an attorney?: \_\_\_\_\_ If yes, whom? \_\_\_\_\_  
Have you contacted another Federal elected official about this matter? \_\_\_\_\_  
If so, who? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent must sign if beneficiary is a minor)

Mail or Fax to:  
Senator Barbara A. Mikulski  
1629 Thames Street, Suite 400  
Baltimore, Maryland 21231  
Fax: 410.962.4760