

**Privacy Act Release Form**

**Visa Cases**

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 MARYLAND RESIDENT: \_\_\_\_\_

ADDRESS OF MARYLAND RESIDENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

MARYLAND RESIDENT RELATIONSHIP TO PERSON SEEKING VISA:

\_\_\_\_\_

NAME OF PERSON SEEKING VISA: \_\_\_\_\_

DATE OF BIRTH OF PERSON SEEKING VISA: \_\_\_\_\_

COUNTRY OF CITIZENSHIP OF PERSON SEEKING VISA: \_\_\_\_\_

CITY AND COUNTRY WHERE VISA SOUGHT:

\_\_\_\_\_

DATE OF APPLICATION FOR/DENIALS OF VISA: \_\_\_\_\_

I AUTHORIZE SENATOR MIKULSKI TO MAKE INQUIRIES ON MY BEHALF:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date