



United States Senator Josh Hawley

U.S. Department of State Privacy Act Release Statement

Personal Information:

| | | | |
|--------------------------------------|-----------------------------|--------------------------------|------------------|
| _____ | | _____ | |
| Petitioners Full Legal Name | | Date of Birth | |
| _____ | | _____ | _____ |
| Street Address | | City, State | Zip Code |
| _____ | _____ | _____ | |
| Home Telephone | Work/Cell (please indicate) | Email | |
| _____ | | _____ | _____ |
| Beneficiary's Full Legal Name | | Date of Birth | Country of Birth |
| _____ | _____ | _____ | |
| Passport Number | Alien Registration Number | Receipt/Tracking Number | |
| _____ | | _____ | _____ |
| Form Type/Petition Number | | Date of Filing | Place of Filing |

Summary of your issue and specific outcome you are trying to achieve: *

*Continue on back if needed or on another page.

Have you contacted another congressional office to obtain assistance regarding this issue? Yes / No (please circle)
If yes, which office(s) have you contacted? _____

As mandated by the 1974 Privacy Act, I authorize Senator Josh Hawley and his staff to make inquiries on my behalf and to obtain information from the federal agencies cited on this form that is pertinent to my case, including any records and information from other congressional offices.

Signature (physical handwritten signature required) Date

I also authorize correspondence and information regarding this case to be shared with the following individual (name, address, phone and email):

Please mail, scan, fax or bring this original form to: Senator Josh Hawley
400 East 9th Street, Suite 9350, Kansas City, MO 64106 or fax to 816-472-6812
All envelopes MUST be CLEARLY marked with return name and address
Please call 816-960-4694 if you have any questions.