CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION: DOS

PLEASE PRINT

Name: (constituent)

_____

First Middle Last

Address: _____ Phone: **Home** _____

City and Zip Code: _____ **Cell** _____

Birthdate: _____ Status (Citizen, LPR): _____ **Work** _____

E-Mail: _____

Person applying for Visa: _____

Your relationship to applicant: _____

Applicants Date of Birth: _____ Applicants Passport Number: _____

What U.S Consulate?: _____

Date of Interview: _____

Has person applied for a visa before, if so what was the outcome?: _____

Why did you invite this person to visit?: _____

What are your plans during the visit? _____

List of Applicants ties to home that would compel him/her to return: **(Please attach copies of all supporting documents)**:

_____

I authorize Congressman Bishop and his staff to receive any information that they may need in order to provide this assistance.

_____ ____/____/_____

Signature Date

*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file.

Please print and mail to:

Attention: Leah Sullivan
District Office
Congressman Timothy Bishop
3680 Route 112
Coram, NY 11727
Fax: 696-4520

Reset Form