Consent for Release of Personal Records by Executive Agencies

Please complete and return to the following address:
Congressman Geoff Davis
District Office
300 Buttermilk Pike, Suite 314
Ft. Mitchell, KY 41017
(859) 426-0080
(859) 426-0061 (fax)

Name of Agency _____

Name of Claimant:_____

Name of Petitioner (if applicable): _____

Name of Beneficiary (if applicable):_____

Other Names Used (if applicable): _____

Date of Birth:_____ Country of Birth:_____

Mailing Address:_____

City, State, Zip:_____

Telephone Number: _____

Alien Registration # ("Green Card#):_____

Receipt #:_____

(over please)

FORM FILED (if applicable)
_____ I-129 _____ I-485 _____ I-824 _____ N-600 _____ I-600
_____ I-130 _____ I-526 _____ N-400 _____ N-643 _____ I-600A
_____ I-140 _____ I-539 _____ N-565 _____ G-639 _____ I-131
_____ I-751 _____ I-765 _____ I-601 _____ I-612 _____ I-90
OTHER (SPECIFY): _____
WHERE FORM FILED:_____

Have you contacted any other elected officials about this problem? If yes, who? _____
_____
_____
_____
_____
_____

PLEASE EXPLAIN YOUR PROBLEM AND WHAT YOU WOULD LIKE FOR THIS OFFICE TO DO ON YOUR BEHALF:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

If you wish to authorize the release of information regarding your case to a third party, please provide their names: _____
_____

I have sought assistance from Congressman Geoff Davis on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Geoff Davis or any authorized member of his staff until this matter is resolved. I also affirm that the above information is accurate.

Signature: _____ Date: _____