



CONGRESSMAN JIM COSTA
16th Congressional District

PRIVACY RELEASE FORM

Name: _____ Please circle one: Mr. Mrs. Ms. Miss

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Federal Agency(s) you need assistance with: _____

Please only fill-in the below section if it relates to your request for assistance:

USCIS: Alien Registration Number: _____ Case #: _____

Immigration Form Filed: _____ USCIS office: _____

US Embassy: US Embassy Contacted : _____ Embassy Case # _____

Veteran: VA Case #: _____ VA Office: _____ Branch of Service: _____

Years Served: _____ (for veteran cases – please include copy of DD214)

Please explain the problem: _____

In accordance with the provisions of the Privacy Act and under penalty of perjury, I certify the information in this release and inquiry is true and accurate to the best of my knowledge and, I hereby request the assistance of Congressman Jim Costa in addressing the matter described. I authorize Congressman Costa and his staff to receive any information from above stated federal agency(s) which his office / staff need in order to provide this assistance.

Signature: _____ Date: _____

Please return signed form along with any additional information to:

Congressman Jim Costa

Attention: Director of Constituent Services

855 M Street, Suite 940, Fresno, CA 93721

Phone (559) 495-1620 -- Fax: (559) 495-1027

CostaCasework@mail.house.gov