

CONGRESSMAN TRENT KELLY

FIRST CONGRESSIONAL DISTRICT OF MISSISSIPPI

PRIVACY RELEASE FORM

Claimant: _____
First Middle Initial Last

Address: _____ City/State/Zipcode: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Would you like to receive Congressman Kelly's e-newsletter? _____

Social Security Number: _____ Date of Birth: _____ USCIS A#: _____

Passport Number: _____

Receipt #: _____ Form Number(s) Filed: _____

Are you petitioning on behalf of another person? Yes ___ No ___ If "Yes", complete the box below.

Beneficiary: _____ First Middle Initial Last
Address: _____
City/State/Region: _____ Country: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____
USCIS A#: _____ Relationship to claimant: _____
Passport Number: _____

Please attach a copy of any documents that may be helpful to us. Do not send originals.

Please explain what you would like Congressman Kelly's Office to do on your behalf:

If you wish to authorize the release of information regarding your case to any third parties other than the federal agency and Congressman Kelly's staff (i.e. family member or legal representative), please provide their names:

In order for Congressman Kelly and his staff to inquire into your issue with a Federal agency you cannot currently be working with any other Congressional office.

Have you contacted any other Member of the U.S. House of Representatives or U.S. Senate, or their offices, about this issue? Yes or No _____ If yes, which Member or office? _____

Has the above referenced office closed their case file on this issue? Yes or No _____

If you would like Congressman Kelly to take over your case from another Congressional Office you will be required to provide written documentation that your case has been closed with any other U.S. Representative's or U.S. Senator's office before we are able to submit an inquiry on your behalf.

PRIVACY RELEASE

As required by Public Law 93-579, the Privacy Act, I _____, hereby request and authorize Congressman Kelly and his/her staff to work with any federal agency relevant to the matter described above on my behalf, including the right to receive and any information contained in my file, and, if necessary, to forward any pertinent information contained in my file, and, if necessary, to forward any pertinent correspondence sent by me regarding this matter. I understand that all Federal agencies are allowed a minimum of 30 days to respond to congressional inquiries. I also affirm that the above information is correct.

SIGNATURE: _____

DATE: _____

Please complete this form and return to the following address:

**Congressman Trent Kelly
Attn: Shelia Ryan
431 East Main Street, Suite 450
Tupelo, MS 38804**

Phone: (662) 841-8808

Fax: (662) 841-8845

Shelia.Ryan@mail.house.gov