

**OFFICE OF CONGRESSMAN JOHN GARAMENDI**  
PRIVACY RELEASE FORM/REQUEST FOR CONGRESSIONAL INQUIRY



DEPARTMENT OF STATE HELP FORM

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DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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Visa Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Embassy: \_\_\_\_\_  
Applying for: \_\_\_\_\_ Immigrant Visa \_\_\_\_\_ Visitor Visa  
Have you contacted our office before? \_\_\_\_\_  
Have you contacted another congressional office regarding this matter? \_\_\_\_\_  
If "yes" to the above, which office & when? \_\_\_\_\_

Please briefly explain your problem and outline the steps that have been taken by you and the agency with regard to your situation. If you need additional room you may attach a letter or write on the back of this form.

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I hereby request the assistance of the Office of United States Representative John Garamendi in addressing the matter described above, and authorize Congressman Garamendi or his staff to receive any information and records pertaining to this matter.

**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. This form does not promise or guarantee any specific action and should in no way be taken as an indication of future results.

**Please print and mail or fax to:**  
Congressman John Garamendi  
Attention: Casework  
412 G Street Davis, CA 95616  
Phone: 530-753-5301 Fax: 530-753-5614