



Office of Congressman Bob Goodlatte

Consent for Release of Personal Records by *DHS, USCIS, USCBP, USICE, NVC, or U.S. Department of State*

Mr. Mrs. Ms. _____ Date of Birth _____

Address _____

City, State, & Zip Code _____

Phone Home _____ Cell _____

Email _____

Would you like to subscribe to Congressman Goodlatte's e-newsletter? Yes No

Please include the following information *only* if it pertains to your inquiry:

Receipt # _____ Alien # _____

Please attach a brief explanation of your situation and copies of any documents related to your case.

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby authorize Congressman Bob Goodlatte or his representative to act on my behalf and to have access to any information or any record pertaining to me that appears in any system of records of USCIS, U.S. Customs and Border Patrol (USCBP), U.S. Immigration and Customs Enforcement (USICE), National Visa Center (NVC), or U.S. Department of State.

Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE OFFICE MARKED BELOW.

Harrisonburg Office
70 North Mason St.
Harrisonburg, VA 22802
540-432-2391 (P)
540-432-6593 (F)

Lynchburg Office
916 Main St.
Suite 300
Lynchburg, VA 24504
434-845-8306 (P)
434-845-8245 (F)

Roanoke Office
10 Franklin Rd., SE
Suite 540
Roanoke, VA 24011
540-857-2672 (P)
540-857-2675 (F)

Staunton Office
117 S. Lewis St.
Suite 215
Staunton, VA 24401
540-885-3861 (P)
540-885-3930 (F)