



Congressman Mike Gallagher

Privacy Act Release

Please mail completed form to:

Congressman Mike Gallagher

1702 Scheuring Rd., Ste B

De Pere, WI 54115

Phone: 920-301-4500 | Fax: 920-301-4502

I certify, under penalty of perjury, that all information provided in this privacy release is true and accurate to my knowledge. I furthermore authorize any federal agency to release information contained in my records as relevant to my case, and to the extent permitted by law, to Representative Gallagher and his staff.

Signature: _____ Date: _____

Petitioner:

Full Name: _____

Date of Birth: _____

Country of Origin: _____

Beneficiary:

Full Name: _____

Date of Birth: _____

Country of Origin: _____

“A” Number (if applicable): _____

Receipt/Case Number: _____

Contact Information:

Name: (Please print) _____

Mailing Address: _____

City, State, Zip: _____

E-Mail Address: _____

Telephone (Daytime): _____ (Alternative) _____

Do you currently have a case pending with the involved agency regarding this matter?

Yes No Description: _____

Have you contacted or are you working with any other representative regarding this matter?

Yes No Who? _____

