



CONGRESSWOMAN
LIZZIE FLETCHER
REPRESENTING TEXAS' SEVENTH CONGRESSIONAL DISTRICT

Privacy Release
Visa Application Inquiry

Applicant:

Name: _____ Date of Birth: _____

Country of Birth: _____

Visa receipt number or tracking number (no Social Security numbers): _____

Date of filing: _____

Place of filing: _____

Visa type: _____

Brief description of the issue (if you need more space, attach a separate sheet):

I, (print your name) _____, authorize the Department of State to release information contained in my records as relevant to checking my case status, and to the extent permitted by law, to Representative Lizzie Fletcher and the Member's staff.

Signature (sign in ink): _____ Date: _____

Address: _____

Phone: _____ Email: _____