



# JOHN THUNE

U.S. SENATOR *for* SOUTH DAKOTA

## Immigration Privacy Release Form

**Full Name:** \_\_\_\_\_  
First Middle Last Suffix

**Email:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Alternate Telephone:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
mm dd yyyy

*If applicable, please provide the following information:*

**Alien Number:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_

**Form Type:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Other Congressional Office(s) Contacted:** \_\_\_\_\_

I hereby authorize your office to request on my behalf that the appropriate federal agency or agencies investigate the following. (Explain the matter with which you are seeking assistance as well as your expected resolution. Use reverse side if needed. Attach copies of relevant documentation.)

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I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in and submitted with my privacy release; and 3) all of this information is complete, true, and correct.

I further authorize, under the provisions of the Privacy Act of 1974, that the agency or agencies involved have my permission to disclose information from their records about my case or claim to the office of Senator John Thune.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to begin the casework process, please return the original, complete, and signed form to the nearest office:

Aberdeen Office  
320 South 1st Street, Suite 101  
Aberdeen, SD 57401  
Phone: (605) 225-8823  
Fax: (605) 225-8468

Sioux Falls Office  
5015 South Bur Oak Place  
Sioux Falls, SD 57108  
Phone: (605) 334-9596  
Fax: (605) 334-2591

Rapid City Office  
246 Founders Park Drive, Suite 102  
Rapid City, SD 57701  
Phone: (605) 348-7551  
Fax: (605) 348-7208