Congressman Jason Chaffetz, District 3

Non Immigrant Visa Privacy Release Form

Return form to: 6975 S. Union Park, Suite #470 , Cottonwood Heights, UT 84047
phone: (801) 532-0070; fax: (801) 851-2509; email: jennifer.andelin@mail.house.gov

Applicant:

Name: _____
First Middle Last

Address: _____ City: _____

Country: _____ Zip: _____ Passport #: _____

Date of Birth: _____ Country of Birth: _____

Phone #: _____ Email: _____

U.S. Embassy or Consulate where visa application was filed: _____

Type of application filed: _____Date application was filed: _____

Confirmation #: _____ Date interview is scheduled: _____

Have you previously attended an interview for a US visa application? _____
Have you ever been denied a US visa? _____
Have you contacted another Congressional or Senate office for assistance? _____
Have you ever been to the US before and if so, what type of visa was used? _____
Have you ever been charged of any crimes? _____
Are you currently working with legal counsel, and if so, who? _____

It is not necessary to have a sponsor in the U.S. but if you do have an individual or business which is sponsoring you, please provide their contact information:

Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip:_____

Phone #: _____ Email: _____

On a separate sheet of paper, provide a detailed explanation of the problem and a timeline of related events. If you answered yes to any of the questions above, please include a detailed explanation.

I authorize Congressman Chaffetz and his staff to access all records from federal, state and local governments as well as businesses or other organizations in order to secure any and all information pertaining to my immigration and/or visa status. I understand that by requesting assistance of Congressman Chaffetz and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Chaffetz or his staff may result in the discontinuance of assistance.

_____ _____
Signature Date