

START HERE - Please Type or Print and read instructions on the reverse before completing this form.

1. Type of Request: (check appropriate box)

- a. Freedom of Information Act (FOIA) (complete all items except 6)
- b. Privacy Act (PA) (item 6 must be completed in addition to all other applicable items)
- c. Amendment (PA only)

2. List below, the name and telephone number of the person to whom the information should be released. By my signature, I consent to the following (check applicable boxes):

- a. Pay all costs incurred for search, duplication, and review of materials up to \$25.00, when applicable. (see reverse)
- b. Allow the person named below to see my record or a portion of my record (specify) _____
(Consent is required for records for United States Citizens (USC) and Lawful Permanent Residents)
- c. Proof of death is attached for deceased subject (obituary or death certificate)

Please type or print all information, except where signature is requested:

Name of person authorized to see record:	Signature of person giving consent:	
Name of requester:	Daytime phone number: () -	
Address (street number and name):		Apt. No.:
City:	State:	Zip Code:

3. Action Requested (check one):

- a. Copy
- b. In-person Review

4. Information needed to search for record(s):

Specific information, document(s), or record(s) desired (identify by name, date, subject matter, and location of information):

Purpose (optional; you are not required to state the purpose for your request, however, doing so may assist the INS in locating the records needed to respond to your request):

5. Data NEEDED on SUBJECT of Record (if data marked with an asterisk (*) is not provided records may not be located):

*Family Name:	Given Name:	Middle Initial:
*Other names used, if any:	*Name at time of entry into the US:	I-94 Admissions #:
*Alien Registration #:	*Petition #:	*Country of birth:
Names of other family members that may appear on requested record(s) (i.e. spouse, daughter, son):		*Date of birth or Age:
Country of origin:	Port-of-Entry into the US:	Passport #:
Manner of entry (air, sea, land):	Mode of travel (name of carrier):	Date of entry:
*Name on Naturalization Certification:	Certificate #:	SSAN:
Address at time of Naturalization:	Court and location:	Naturalization date:

6. Verification of subject's identity (see reverse for explanation) (check one box):

- a. In-person, with ID
- b. Notarized Affidavit of identity
- c. Other (specify):

Signature of Requester:

Date:

Telephone #: () -