DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

PRIVACY WAIVER AUTHORIZING DISCLOSURE TO A THIRD PARTY

Use this form to authorize the U.S. Department of Homeland Security ("DHS") to disclose information and/or records about you to a third party. Taking this action is entirely voluntary; you are under no obligation to consent to the release of your information to any third party. **Authority:** Privacy Act of 1974 (5 U.S.C. § 552a); DHS Privacy Act Regulations (6 C.F.R. § 5.21(d)).

STEP 1 Provide information about yourself and identify the third party that you intend to receive your information and/or records (the "Recipient").

Your Full Name:	Your Alien Registration Number (if applicable):
Your Current Address:	Date of Birth: Country of Birth:
Recipient's Name: All Staff	Recipient's Phone Number: 207-774-5019
Recipient's Mailing Address (required if requesting disclosure by mail): 2 Portland Fish Pier, Suite 304	
Recipient's Organization, if the waiver will apply to it (e.g. news media, congressional office, law firm): Office of Congresswoman Chellie Pingree	

STEP 2 Specify what information and/or records DHS is authorized to share with the Recipient.

- ☐ Identifying Data (Date of Birth, etc.)
- ☐ Family Data
- ☐ Travel/Border Crossing
- ☐ Immigration Case
- ☐ Detention Information
- ☐ Medical Information
- ☐ Alien File (A-File)
- ☐ Criminal History
- ☐ Criminal Case

AND/OR

☐ The following information/records (describe): _____

OR

☒ ALL information and/or Records Requested by the Recipient

If you have applied for or received any of the immigration benefits below, you are legally entitled to confidentiality. (See reverse for more information.) If you want DHS to share information about these benefits with the Recipient, you must waive your confidentiality rights by checking the appropriate boxes below. Waiver of these rights is not required; however, if you do not waive these rights DHS may be unable to disclose to the Recipient some or all of the information you identified above.

I waive my right to confidentiality and authorize disclosure to the Recipient regarding these immigration benefits:

- ☐ Temporary Protected Status (TPS)
- ☐ T Visa (for trafficking victims)
- ☐ U Visa (for victims of certain crimes)
- ☐ Asylum (confidentially applies even if petition is denied)
- ☐ Battered Spouse/Child Seeking Hardship Waiver
- ☐ Violence Against Women Act (VAWA)

STEP 3 Sign the statement below authorizing DHS to disclose your information and/or records to the Recipient.

I certify under penalty of perjury that the information above is accurate. I authorize DHS, its components, offices, employees, contractors, agents, and assignees, to disclose the information or records specified above to the Recipient. I understand this may include and is not limited to reports, evaluations, and notes of any kind, contained in any record keeping system maintained by or on behalf of DHS; that DHS retains the discretion to decide if particular records or information are within the scope of this Waiver; and that DHS has no control over how the Recipient will use or disseminate my information. I agree to release and hold harmless DHS, its components, offices, employees, contractors, agents, and assignees, from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or records pursuant to this Waiver.

Your Signature:	Witness Signature:
Date:	Witness Name:

*Privacy Waiver is valid for 90 days from date of signature

*Witness may not be the Recipient or employed by Recipient's employer

Explanation of Immigrant Benefits

If you have applied for or received any of the immigration benefits below, you may be legally entitled to confidentiality regarding these benefits. An explanation of these benefits is provided below to help you identify whether you have applied for such benefits. If you have applied for or received these benefits and you want DHS to share information about these benefits with the Recipient, you must waive your confidentiality rights by checking the appropriate boxes in Step 2 of this form (reverse). You are not required to waive confidentiality regarding these benefits; however, if you do not waive these rights DHS may be unable to disclose to the Recipient some or all of the information you identified above.

Temporary Protected Status (TPS) - 8 U.S.C. § 1254a(c)(6). TPS is for foreign nationals currently residing in the U.S. whose homeland conditions are recognized by the U.S. government as being temporarily unsafe or overly dangerous to return to (e.g., war, earthquake, flood, drought, or other extraordinary and temporary conditions). ICE may disclose information related to TPS to a third party with the consent of the alien.

T Visas and U Visas - Public Law 106-386, Section 701(c)(1)(C). A T visa allows certain victims of human trafficking to remain in the United States for a period of time. A U visa allows certain victims of crimes to remain in the United States for a period of time. ICE may disclose information related to T and U visas to third parties with the consent of the alien.

Battered Spouse or Child Information - 8 U.S.C. § 1186a(c)(4)(C). This provision applies to a battered alien or child who has applied for a hardship waiver from removal under the INA. ICE may disclose information the alien provided to ICE in support his or her request for waiver to a third party with consent of the alien.

Information Relating to Violence Against Women Act (VAWA) Claimants - 8 U.S.C. § 1367(a)(2). This provision applies to a person who has filed a claim under the VAWA. ICE may disclose information related to a person's claim to a third party with the consent of the person.

Asylum Information - 8 C.F.R. § 208.6. This provision applies to individuals who have applied for asylum, and confidentiality regarding the asylum claim applies even if the claim is ultimately denied. ICE may disclose information related to an individual's asylum claim to a third party with the consent of the person.

Revocation of Privacy Waiver

This Privacy Waiver is valid for 90 days from the date of signature unless you have otherwise specified on this form. You may revoke this Privacy Waiver at any time by contacting the ICE Privacy Office (202-732-3300 or ICEPrivacy@dhs.gov) or the relevant ICE office handling this matter or case. Certain information about you may be requested to confirm your identity and you may be asked to revoke the waiver in writing.

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www.pingree.house.gov

Committee on Appropriations

Subcommittees:

Agriculture, Rural Development, and Related Agencies

Interior, Environment, and Related Agencies

Chellie Pingree
Congress of the United States
1st District, Maine

Date: _____

To Whom It May Concern:

In accordance with the requirements of the Privacy Act of 1974, which protects my confidential records from unauthorized release, I am taking this opportunity to give Congresswoman Chellie Pingree and her staff permission to receive information in my records relative to a Congressional inquiry on my behalf.

I certify that the information I have provided is true and accurate to the best of my knowledge and belief. The assistance I am requesting from her office is in no way an attempt to evade or violate any federal, state, or local law.

_____
Signature

Name	_____
Mailing Address	_____ Apt. _____
City, State, Zip	_____
Telephone #	_____
Email	_____
Date of Birth	_____
Country of Birth	_____
USCIS/A Number	_____
Receipt Number	_____
Agency	USCIS/EOIR/CBP/DOS
Assistance Requested	_____

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