

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:	Recipient's Phone Number:
Recipient's Mailing Address (required if requesting disclosure by mail):	
Recipient's Organization, if the waiver will apply to it (e.g. news media, congressional office, law firm):	

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Identifying Data (Date of Birth, etc.) | <input type="checkbox"/> Family Data | <input type="checkbox"/> Travel/Border Crossing |
| <input type="checkbox"/> Immigration Case | <input type="checkbox"/> Detention Information | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Alien File (A-File) | <input type="checkbox"/> Criminal History | <input type="checkbox"/> Criminal Case |

AND/OR

The following information/records (describe): _____

OR

ALL information and/or Records Requested by the Recipient

For Aliens Only: 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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Temporary Protected Status (TPS) | <input type="checkbox"/> T Visa (for trafficking victims) | <input type="checkbox"/> U Visa (for victims of certain crimes) |
| <input type="checkbox"/> Seasonal Agricultural Worker | <input type="checkbox"/> Battered Spouse/Child Seeking Hardship Waiver | <input type="checkbox"/> Violence Against Women Act (VAWA) |
| <input type="checkbox"/> Asylum
(confidentially applies even if petition is denied) | | |

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