



Privacy Waiver Authorizing Disclosure to a Third Party:

The ICE Form 60-001: Privacy Waiver Authorizing Disclosure to a Third Party

The form gives the Office of Congresswoman Ramirez permission to request and receive on your behalf, as our constituent. It allows the Office to request information about constituents when their case involves Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP). The Congresswoman's Office takes your privacy and safety seriously and will NEVER request or share information about your case without a release form that gives us permission.

Families may opt to fill out the form in advance as part of their family preparedness and safety planning. The sections below with the red arrows must be filled out by the person at risk of ICE detention.

Step 1:

Ensure that these sections are filled out:

- A-Number (A#), Case number, if available
- Full name
- Date of Birth
- Country of Origin

Step 2: Make sure to choose the **All Information and/or Records Requested**

Step 3: Signature of the loved one at risk of detention signs, but DOES NOT DATE the form since it is being preemptively filled out prior to being detained. Office staff will instruct you when to complete the date section.

Note: The privacy waiver can also be requested by a constituent in ICE custody should they be detained by ICE, but the form availability may vary depending on where the constituent is taken into custody. Therefore, we encourage the form to be completed in advance, as part of safety and family preparedness planning.

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").

1 → 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

- 2** → 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:

- | | | |
|--|---|---|
| <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"/> Asylum
(confidentially applies even if petition is denied) | <input type="checkbox"/> Battered Spouse/Child
Seeking Hardship Waiver | <input type="checkbox"/> 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.

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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