**CONSTITUENT VISA AUTHORIZATION FORM**

Sponsor/Family/Employer, please supply the following information (please print legibly):

**Full** Name: M F

***Full*** *First & Middle Name****Full*** *Last Name*

Title (If Applicable):

Company (If Applicable):

Address:

City: State: Zip:

Day Phone: ( ) Evening Phone: ( )

FAX: ( ) E-Mail:

Date of Birth:Social Security Number: "A" Number

(If Applicable):

**Please Indicate the Application(s) You Filed:**

**DS-230 DS-2019 DS-3035 G-639 I-140 I-539 I-612  
 I-90 I-212 I-589 I-751 N-400 I-102 I-360  
 I-601 I-765 N-565 I-131 I-485 I-602 I-824  
 N-600 Other:**

**Date Filed: USCIS Receipt Number:**

**Labor Receipt Number: Embassy File Number:**

**Please state the result you want**:

**I request Congressman Lamborn’s help with this visa application and authorize the Congressman or a member of his staff to make the appropriate inquiry on my behalf according to the Privacy Act of 1974.**

Signature: Date:

E-mail, Fax or Mail the Signed Form to: [doug.lamborn05@mail.house.gov](mailto:doug.lamborn05@mail.house.gov)   
Colorado Springs District Office   
1125 Kelly Johnson Blvd. Suite 330  
Colorado Springs, CO 80920  
FAX: (719) 520-0840

Attach additional pages if necessary. Do not send original documents. Please attach copies.

**Attach this form to your applicant’s Non-Immigrant/Immigrant Visa Applicant Authorization Form**