

**STATE DEPARTMENT CONSENT FORM**

**Constituent Information**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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Name of Person Applying for Nonimmigrant Visa \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Passport # \_\_\_\_\_ Receipt # (if applicable) \_\_\_\_\_

Date applied for visa \_\_\_\_\_

Country of Embassy or Consulate where filed \_\_\_\_\_

City location where filed \_\_\_\_\_

Please describe the problem/inquiry (use reverse side if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Constituent Authorization**

I am aware that the Privacy Act of 1974 prohibits the release of my personal information without my expressed, written consent. I hereby authorize US Senator Evan Bayh, or a staff representative designated by him, to inquire on my behalf to \_\_\_\_\_. Please return this form to: 1650 Market Tower, 10 West Market Street, Indianapolis, IN 46204. Fax # (317) 554-0760

Signed \_\_\_\_\_ Date \_\_\_\_\_

Intra-Office Use Only =====  
Office Contacted \_\_\_\_\_ Call/Visit \_\_\_\_\_ Staff \_\_\_\_\_