

Privacy Waiver and Authorization to Release Information
U.S. Immigration and Customs Enforcement (ICE)

I, **[Full Name of Individual]**, A# **[Alien Number]**, hereby authorize U.S. Immigration and Customs Enforcement (ICE) to release any and all records pertaining to my immigration custody, detention, and removal to the following individual:

Authorized Recipient:

Name: [Your Full Name]

Address: [Your Address]

Phone: [Your Phone Number]

Email: [Your Email Address]

This authorization includes, but is not limited to, records of my apprehension, detention, transfer from local custody, charging documents, and any removal or voluntary departure documentation. I understand that this information may be used in support of a bail refund request or other legal or administrative proceedings.

I am providing this authorization voluntarily and understand that I may revoke it at any time in writing.

Signature of Individual: _____

Printed Name: [Full Name of Individual]

A Number: [A#]

Date of Birth: [MM/DD/YYYY]

Date Signed: [MM/DD/YYYY]