

DNA Sample Release Agreement

I, _____, hereby authorize the release of my DNA sample and related results in connection with the following immigration case:

Case Number: _____
Applicant Name: _____
Date of Birth: _____
Relationship: _____

Purpose of Release

I understand that my DNA sample and test results will be disclosed to the appropriate immigration authorities and parties involved solely for the purposes of verifying family relationships required under immigration law and processing my immigration case.

Consent and Authorization

I voluntarily grant permission for the authorized testing laboratory to release my DNA sample and related results as specified above. I understand that my information will be kept confidential and will not be shared for any other purposes without my explicit written consent, unless required by law.

I have read and understood this agreement. I acknowledge that I may withdraw my consent at any time by providing written notice, except to the extent that action has already been taken based on this authorization.

Name (Print): _____

Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____