

Privacy Release

Member of Congress: _____

Petitioner/Applicant:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

Beneficiary:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

USCIS receipt number or tracking number (no Social Security numbers) _____

Date of filing: _____

Place of filing: _____

Brief description of the issue(if you need more space, attach a separate sheet)

Staff Member(print): _____ Phone: _____

Email: _____

Section below to be completed by the person who is the subject of the records

I certify, under penalty of perjury, that 1) I provided or authorized of the information in this privacy release and any document submitted with it reviewed and understand all of the information contained in my privacy release and submitted with it and 3) all of this information is complete, true, and correct.

I, (print your name) _____, authorize USCIS to release information contained in my USCIS records relevant to checking my case status, and the extent permitted by law to Senator/Representative _____ and the Member's staff.

Signature(sign in ink) _____ : Date _____

Address: _____

Phone: _____ Email: _____