

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: | |
| Form type(s) – check all that apply: | |
| □ G-639 □ I-90 □ I-129 □ I-129F □ I-136 | 0 □ I-131 □ I-140 □ I-212 □ I-290B □ I-360 |
| □ I-485 □ I-526 □ I-539 □ I-589 □ I-590 | □ I-600A □ I-600 □ I-601 □ I-612 □ I-690 |
| □ I-730 □ I-751 □ I-765 □ I-821 □ I-824 | ☐ 1-829 ☐ 1-914 (Supplement A, B, or C) |
| ☐ I-918 ☐ I-924 ☐ I-929 ☐ N-400 ☐ N-60 | 00 □ N-565 □ N-644 □ Other |

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: | |
| release and any document submitted with | I provided or authorized all of the information in this privacy it; 2) I reviewed and understand all of the information contained it; and 3) all of this information is complete, true, and correct. |
| I, (print your name) | , authorize USCIS to release ords as relevant to checking my case status, and to the extent ive and the Member's staff. |
| Signature (sign in ink): | Date: |
| Address: | |
| Phone: | Email: |