



U.S. CITIZENSHIP AND IMMIGRATION SERVICES
**OFFICE OF LEGISLATIVE AND
 INTERGOVERNMENTAL AFFAIRS**

Privacy Release

Member of Congress: Mike Ezell

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: _____

Form type(s) – check all that apply:

G-639 I-90 I-129 I-129F I-130 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 I-829 I-914 (Supplement A, B, or C)

I-918 I-924 I-929 N-400 N-600 N-565 N-644 Other: _____



U.S. CITIZENSHIP AND IMMIGRATION SERVICES
**OFFICE OF LEGISLATIVE AND
 INTERGOVERNMENTAL AFFAIRS**

Privacy Release

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 all of the information in this privacy release and any document submitted with it; 2) I 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 as relevant to checking my case status, and to the extent permitted by law, to Senator/Representative _____ Mike Ezell _____ and the Member's staff.

Signature (sign in ink): _____ Date: _____

Current Residential Address *(Do not list a P.O. Box.)*

Address: _____

Phone: _____ Email: _____

Mailing Address *(If different from current residential address, i.e., P.O. Box.)*

Address: _____

Phone: _____ Email: _____

Translator Certification *(If privacy release or any of the supplemental information has been translated.)*

I certify, under penalty of perjury, that I am fluent in English and _____, and that my translation of the privacy release and any foreign language documents submitted with this inquiry are complete and accurate.

Translator Name (print): _____

Signature (sign in ink): _____ Date: _____