



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: _____



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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: _____



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8 U.S.C Section 1367 Waiver

I, (print your name) _____, by signing below acknowledge the following:

- that the signatory is protected by 8 U.S.C. Section 1367;
- that each of the applicants and beneficiaries related to the case are all adults (age 14 or older); and
- each applicant and beneficiary by signing the waiver and release, knowingly waive my/our Section 1367 confidentiality protection and are permitting the Member of Congress and staff to be the new custodian of this information.

Signature (sign in ink) _____ Date _____