



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

## 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: \_\_\_\_\_

**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 \_\_\_\_\_ 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: \_\_\_\_\_