## **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 nu	mber (no Social Security numbers):
Date of filing:	
The state of the s	
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 I-590 □ I-600A □ I-600 □ I-601 □ I-612 □ I-690
□ I-730 □ I-751 □ I-765 □ I-821 □	I 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:



## **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 per	rson who is the subject of the records:
release and any document submitted with i	provided or authorized all of the information in this privacy t; 2) I reviewed and understand all of the information contained t; and 3) all of this information is complete, true, and correct.
I, (print your name)	, authorize USCIS to release
information contained in my USCIS record permitted by law, to Senator/Representativ	, authorize USCIS to release Is as relevant to checking my case status, and to the extent e and the Member's staff.
Signature (sign in ink):	Date:
Current Residential Address (Do not list	a P.O. Box.)
Address:	
	Email:
Mailing Address (If different from curren	nt residential address, i.e., P.O. Box.)
Address:	
	Email:
Translator Certification ( <i>If privacy relea.</i> translated.)	se or any of the supplemental information has been
I certify, under penalty of perjury, that I am translation of the privacy release and any fo complete and accurate.	oreign language documents submitted with this inquiry are
Translator Name (print):	
Signature (sign in ink):	Date:

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