

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	r (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	7-590 □ 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:

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 revi	lewed and understand all of the information contained
in my privacy release and submitted with it; and 3) a	ll of this information is complete, true, and correct.
I. (print your name)	. authorize USCIS to release
I, (print your name)information contained in my USCIS records as relev	ant 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:
Address:	