



## USCIS Privacy Release

**Petitioner/Applicant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Relationship to the Beneficiary: \_\_\_\_\_

**Beneficiary:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_

**USCIS receipt or tracking numbers *List all that apply to your case:***

USCIS Receipt Number	Application Form Number	City & State on Application (NOT Full Address) <small>(Found in Lower Left Corner of USCIS I-797 Notice of Action Letter you received after submittal of application)</small>	Priority or Receipt Date

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



**MARILYN STRICKLAND**

CONGRESSWOMAN FOR WASHINGTON'S 10TH DISTRICT

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**Brief description of the issue (if you need more space, attach a separate sheet):**

**Section below to be completed by the person who is the subject of the records. Follow instructions:**

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 to the extent permitted by law, to Congresswoman Marilyn Strickland and her staff.

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

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