

USCIS Privacy Release

Petitioner/Applicant:	
Name:	Date of Birth:
Alien number (if any):	Country of Birth:
Relationship to Beneficiary:	Are you a USC or LPR?
Beneficiary:	
Name:	Date of Birth:
Alien number (if any):	Country of Birth:
Relationship to Petitioner:	Are you a USC or LPR?

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

USCIS Receipt Number	Application Form Number	USCIS Location of Petition - Found in Lower Left Corner of I-797 Notice Of Action/Receipt Letter. Please list City and State Only.	Priority or Receipt Date

Form type(s) – check all that apply:

 $\square \text{ G-639} \square \text{ I-90} \square \text{ I-129} \square \text{ I-129F} \square \text{ I-130} \square \text{ I-131} \square \text{ I-140} \square \text{ I-212} \square \text{ I-290B} \square \text{ I-360}$

□ 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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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 $i \in PO(Box)$			

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: