

Washington Office
 1004 Longworth House Office Building

Washington, DC 20515

(202) 225-9740

**Marilyn Strickland**

10th District, Washington
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Congresswoman Marilyn Strickland Immigration Privacy Release Form**

**Congress of the United States**

House of Representatives
Washington, DC 20515

Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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/Tracking number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If multiple applications use next page or additional sheet of paper)

**Form type(s)** – check all that apply:

□ I-129 □ I-130 □ I-140 □ I-751 □ I-485 □ I-526 □ I-539 □ I-765 □ I-824 □ I-601 □ I-612

□ I-90 □ I-730 □ I-600A

□ I-600 □ N-400 □ N-600 □ N-565 □ N-644 □ G-639 □ I-290B □ I-589 □I-590 □ I-131 □ I-131

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn of Congresswoman Strickland’s Constituent Services?

□ Newsletter □ Word of mouth □ Internet search □ State referral □ Non-profit referral □ Media □ Do not recall

**Please include a brief description of the issue:**

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The Privacy Act of 1974 is designed to protect you from the unauthorized use and exchange of personal information by Federal agencies. For example, any information a Federal agency has about you, including Social Security data, your military service records, or census information, may not, with few exceptions, be given to another agency or to a Member of Congress without your written permission.

Please understand that you are responsible for all of your original documents or copies, and you must retain these for your records. All documentation held by the office will be shredded one year after your case with Congresswoman Strickland is closed. Your signature below is acknowledgement of this policy.

I certify, to the best of my knowledge and ability, that 1) I provided or authorized all of the information in this privacy release and any documents submitted with it; 2) I reviewed and understand all of the information contained in and submitted with my privacy release; 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 Congresswoman Marilyn Strickland and the Congresswoman’s staff.

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| --- |
|  |

Signature (signed in ink) Date

Have you contacted another Member of Congress about your case? □ Yes □ No

If yes, which Member or Senator? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information may be released to the following individual(s) - State name and relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fax or mail your completed form and copies of any relevant documents or notices (example: approval notice, request for evidence, denial letter, etc.) to:

Congresswoman Marilyn Strickland

Attn: Constituent Services

420 College Street SE, Suite 3000

Lacey, WA 98503

Fax: (360) 459-8581