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 num	ber (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	-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):

Staff Member (print):		Phone:
Email:		
Section below to be complete	d by the person who is the	subject of the records:
release and any document subr	nitted with it; 2) I reviewed	horized all of the information in this privacy and understand all of the information contained is information is complete, true, and correct.
information contained in my U	SCIS records as relevant to	, authorize USCIS to release checking my case status, and to the extent and the Member's staff.
Signature (sign in ink):		Date:
Current Residential Address	(Do not list a P.O. Box.)	
Address:		
Mailing Address (If different) Address:	•	
Translator Certification (<i>If p</i> translated.)	rivacy release or any of the	supplemental information has been
I certify, under penalty of perjutranslation of the privacy release complete and accurate.	ary, that I am fluent in Engli se and any foreign language	sh and, and that my documents submitted with this inquiry are
Translator Name (print): Signature (sign in ink):		Date:

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