Privacy Release

Member of Congress: Senator Bill Cassidy

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 (no Social Security numbers): _______________
Date of filing: ______________________

Form type(s) – check all that apply:
□ 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): Lynn Hopper Phone: (202) 929-7711
Email: Lynn_Hopper@senate.gov

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 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 as relevant 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: _____________

Current Residential Address (Do not list a P.O. Box.)
Address: ______________________________________________________
Phone: _______________ Email: ________________________________

Mailing Address (If different from current residential address, i.e., P.O. Box.)
Address: ______________________________________________________
Phone: _______________ Email: ________________________________

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: _____________

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