

Congress of the United States
House of Representatives
Washington, DC 20515-1309

IMMIGRATION ISSUE PRIVACY ACT RELEASE FORM

The Privacy Act of 1974 requires written consent from the individual/constituent before Congresswoman Jan Schakowsky can obtain information from government agencies on your behalf. Please complete and sign this form and return it to our office.

| | |
|--|--|
| Name: _____ | Alien Number (if any): _____ |
| Address: _____ | USCIS Receipt #: _____ |
| City: _____ State: ____ Zip: _____ | Filing Date: _____ |
| Phone: _____ Work/Cell: _____ | Beneficiary (if applicable): _____ |
| Email: _____ | Beneficiary Date of Birth: ____/____/____ |
| Country of Birth: _____ D.O.B.: ____/____/____ | Beneficiary Country of Birth: _____ |

Form type(s) – check all that apply:

- | | | | | | | |
|---------------------------------------|---|---|---|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> G-639 | <input type="checkbox"/> I-90 | <input type="checkbox"/> I-129 | <input type="checkbox"/> I-129F | <input type="checkbox"/> I-130 | <input type="checkbox"/> I-131 | <input type="checkbox"/> I-140 |
| <input type="checkbox"/> I-212 | <input type="checkbox"/> I-290B | <input type="checkbox"/> I-360 | <input type="checkbox"/> I-485 | <input type="checkbox"/> I-526 | <input type="checkbox"/> I-539 | <input type="checkbox"/> I-589 |
| <input type="checkbox"/> I-590 | <input type="checkbox"/> I-600A | <input type="checkbox"/> I-600 | <input type="checkbox"/> I-601 | <input type="checkbox"/> I-612 | <input type="checkbox"/> I-690 | <input type="checkbox"/> I-730 |
| <input type="checkbox"/> I-751 | <input type="checkbox"/> I-765 | <input type="checkbox"/> I-821 | <input type="checkbox"/> I-824 | <input type="checkbox"/> I-829 | <input type="checkbox"/> I-864 | <input type="checkbox"/> I-864A |
| <input type="checkbox"/> I-914 | <input type="checkbox"/> I-914 Supplement A | <input type="checkbox"/> I-914 Supplement B | <input type="checkbox"/> I-914 Supplement C | | | |
| <input type="checkbox"/> I-918 | <input type="checkbox"/> I-924 | <input type="checkbox"/> I-929 | <input type="checkbox"/> N-400 | <input type="checkbox"/> N-600 | <input type="checkbox"/> N-565 | <input type="checkbox"/> N-644 |
| <input type="checkbox"/> Other: _____ | | | | | | |

Please be sure to include a detailed letter explaining your situation in addition to photocopies of any documentation that is relevant to your case.

I certify, under penalty of perjury, that 1) I have 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 authorize USDHS/USCIS/USDOS to release information contained in my USDHS/USCIS/USDOS records as relevant to checking my case status, and to the extent permitted by law, to Congresswoman Jan Schakowsky and her staff. I understand that under the Privacy Act of 1974, this information cannot be released without my written consent. I am therefore consenting to the release of information protected by statute. I understand that I am not required to make payment in any form for services provided by the Office of Congresswoman Schakowsky.

Signature

Date