JANICE D. SCHAKOWSKY
9TH DISTRICT, ILLINOIS

COMMITTEE ON ENERGY AND COMMERCE
Ranking Member, Innovation, Data, and Commerce
Environment, Manufacturing, and Critical Minerals
Oversight and Investigations

COMMITTEE ON THE BUDGET

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IMMIGRATION ISSUE PRIVACY ACT RELEASE FORM

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

Name: _____

Address: _____

City: _____ **State:** ___ **Zip:** _____

Phone: _____ **Work/Cell:** _____

Email: _____

Country of Birth: _____ **D.O.B.:** __/__/__

Alien Number (if any): _____

USCIS Receipt #: _____

Filing Date: _____

Beneficiary (if applicable): _____

Beneficiary Date of Birth: _____/____/_____

Beneficiary Country of Birth: _____

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-864	☐ I-864A
☐ I-914	☐ I-914 Supplement A		☐ I-914 Supplement B		☐ I-914 Supplement C	
☐ I-918	☐ I-924	☐ I-929	☐ N-400	☐ N-600	☐ N-565	☐ N-644
☐ 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***