



# Office of Congressman Sean Casten

## USCIS PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act

### Petitioner/Applicant

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Alien # (if any): \_\_\_\_\_

### Beneficiary

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Alien # (if any): \_\_\_\_\_

**USCIS receipt number or tracking number:** \_\_\_\_\_

*(no Social Security numbers)*

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

Place 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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Please provide a detailed description of your request for assistance and the desired resolution you are seeking:

Staff Member (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**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 Congressman Sean Casten and his staff.*

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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