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: _____

800 Roosevelt Rd., Building C Suite 210, Glen Ellyn, IL 60137
District Office Phone: (630) 520-9450
Constituent.ServicesIL06@mail.house.gov

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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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