

Immigration Privacy Release Form

Petitioner/Applicant Information

Full Name (First Name, Middle Initial, and Last Name):

Date of Birth (MM/DD/YYYY): _____ Country of Birth: _____

Street Address: _____ City, State, Zip code: _____

Email Address: _____ Phone Number: _____

Receipt Number: _____ Date of Filing (MM/DD/YYYY): _____

Service center where application is processing: _____

I am a:

- U.S. Citizen Permanent Resident Refugee/ Asylee Other

Type of Application – Check All That Apply:

- I-130 I-131 I-140 I-485 I-730
 I-765 N-400 N-600 I-90 Visa

Other: _____

Beneficiary Information:

Relationship: Parent Child Spouse Sibling Fiancé

Full Name (First Name, Middle Initial, and Last Name):

Date of Birth (MM/DD/YYYY): _____ Country of Birth: _____

Receipt Number: _____

Have you contacted another elected official about this issue? Yes No

If so, who? _____

What resolution are you seeking? (Use a separate sheet of paper if more space is needed)

I hereby authorize USCIS and the U.S. Department of State to release personal information to Representative Jamie Raskin and his staff relevant to my immigration related petition, refugee/asylee status, application for work authorization and application or nonimmigrant visas. I authorize Representative Jamie Raskin to request and have access to all records and reports pertinent to my request for assistance.

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.

Print Constituent's Name

Constituent's Signature

Date

RETURN TO: Representative Jamie Raskin, ATTN: Constituent Services

MAIL: 51 Monroe St., Suite 503, Rockville, MD 20850

OR EMAIL: Raskin.Casework@mail.house.gov

Call: (301) 354-1000 with any questions