



REPRESENTATIVE JAMIE RASKIN

Maryland's 8th Congressional District

CONSENT FOR RELEASE OF INFORMATION

The PRIVACY ACT of 1974 requires that written consent be obtained from a Constituent before information from federal agency records can be disclosed. For Representative Raskin to conduct an inquiry on your behalf, you must complete and sign the following statement. If you are inquiring on behalf of another individual, that individual must sign this release.

IMMIGRATION CASE (USCIS, U.S. Department of State)

PETITIONER/APPLICANT INFORMATION *(Please print)*

Your Full Name: Last Name, First Name, Middle Initial	Date of Birth (MM/DD/YYYY):
Country of Birth:	Email address:
Street Address:	Phone Number:
City, State and ZIP Code:	Alien Number:
I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Other	Type of application: <input type="checkbox"/> I-130 <input type="checkbox"/> I-131 <input type="checkbox"/> I-140 <input type="checkbox"/> I-485 <input type="checkbox"/> I-730 <input type="checkbox"/> I-765 <input type="checkbox"/> N-400 <input type="checkbox"/> N-600 <input type="checkbox"/> Visa <input type="checkbox"/> Other _____
Date of Filing:	Receipt Number:

BENEFICIARY INFORMATION *(Please print)*

Your Full Name: Last Name, First Name, Middle Initial	Date of Birth (MM/DD/YYYY):
Country of Birth:	Alien/Receipt Number:

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 Original Signature
(Digital Signature is not Accepted)

Date

RETURN TO: REPRESENTATIVE JAMIE RASKIN, ATTN: CONSTITUENT SERVICES
51 Monroe St., Suite 503, Rockville, MD 20850, PHONE: (301) 354-1000 EMAIL: jennie.foont@mail.house.gov



REPRESENTATIVE JAMIE RASKIN

Maryland's 8th Congressional District

CONSENT FOR RELEASE OF INFORMATION

Name: *(Please Print)* _____

Date: _____

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)
