Privacy Release

Member of Congress: <u>SENATOR ADAM B. SCHIFF</u>

Staff Member (print): <u>Qiao Li</u>

Email: Schiff_California@schiff.senate.gov

Petitioner/Applicant:

Dr. _____ Ms. _____ Mrs. _____ Mr._____ Mx. _____

Name: _____

Date of Birth: _____   Country of Birth: _____

Alien number (if any): _____   Phone: _____

Home Address:_____

City:_____   State:_____ Zip:_____

Email: _____

Beneficiary:

Dr. _____ Ms._____ Mrs. _____ Mr. _____ Mx. _____

Name: _____

Date of Birth: _____   Country of Birth:_____

Alien number (if any):_____   Phone: _____

Home Address: _____

City:_____   State:_____ Zip:_____

Email: _____

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: _____

Brief description of the issue (if you need more space, attach a separate sheet):

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 Senator Adam B. Schiff and his staff.

I understand that I am not required to make payment in any form for services provided by the Office of Senator Adam B. Schiff.

Petitioner Signature (sign in ink): _____   Date: _____