



IMMIGRATION CASEWORK PRIVACY RELEASE

Petitioner/Applicant: _____ Date of Birth: _____

Alien Number (if any): _____ Country of Birth: _____

Beneficiary: _____ Date of Birth: _____

Alien Number: _____ Country of Birth: _____

Form Type(s): _____ Passport Number: _____

USCIS Receipt: _____ Date Filed: _____ Place Filed: _____

Visa Receipt: _____ Date Filed: _____ Place Filed: _____

Primary Contact(s): _____

Email: _____ Phone: _____

Address, State, Zip: _____

Please briefly describe the issue and any significant dates: _____

I certify, under penalty of perjury, that I provided or authorized all the information in this privacy release and any document submitted with it; I reviewed and understand all of the information contained in my privacy release and submitted with it; and all of this information is complete, true and correct. I furthermore authorize any federal agency to release information contained in my records as relevant to checking my case status, and to the extent permitted by law, to Representative Goodlatte and his staff members.

Signature (in ink): _____ **Date:** _____

STAFF MEMBER:

CONTACT: