



CONGRESS OF UNITED STATES
 HOUSE OF REPRESENTATIVES
 WASHINGTON, DC 20515

PRIVACY RELEASE FORM

CIRCLE ONE: MR. MRS. MS. MISS

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

DAYTIME PHONE #: _____ E-MAIL: _____ PLEASE SEND ME CONGRESSWOMAN RICE'S E-NEWSLETTER

D.O.B.: _____ SOCIAL SECURITY #: _____ PASSPORT LOCATOR #: _____
(FOR SOC. SEC., INTERNAL REVENUE & PASSPORT CASES ONLY) (FOR PASSPORT CASES ONLY)

OTHER FEDERAL AGENCY CLAIM OR REFERENCE #: _____

COMPLETE THIS SECTION FOR IMMIGRATION CASES ONLY				
TYPE OF APPLICATION FILED WITH THE US CITIZENSHIP & IMMIGRATION SERVICES: (CIRCLE ONE)				
I-130	I-140	I-485	N-400	OTHER: _____
BENEFICIARY'S NAME: _____		PETITIONER'S NAME: _____		
EMBASSY: _____		COUNTRY OF BIRTH: _____		
USCIS APPLICATION #: _____		NATIONAL VISA CENTER CASE #: _____		
DATE THE APPLICATION WAS FILED: _____		DATE & PLACE OF INTERVIEW: _____		
GREEN CARD: # _____		DATE OF ORIGINAL PAYMENT: _____		

PLEASE STATE THE NATURE OF YOUR PROBLEM (BE SPECIFIC):

I hereby authorize Congresswoman Kathleen Rice and her staff to work on my behalf with any federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter. Furthermore, I hereby declare that I am currently a resident of the Fourth Congressional District and the above information is truthful and complete to the best of my knowledge. In addition, if it is found that the above information is not truthful and complete, my case will be closed and Congresswoman Kathleen Rice's staff will take no further action on my behalf. Congresswoman Rice is also authorized to see any materials that may be disclosed to the above request, and to speak on my behalf.

SIGNATURE: _____ DATE: _____