United States Senator Ron Johnson

USCIS/DOS Privacy Release Form

THE PRIVACY RELEASE ACT OF 1974 (PUBLIC LAW 93-579) PREVENTS AGENCIES FROM RELEASING INFORMATION ABOUT YOU TO ANYONE WITHOUT YOUR WRITTEN PERMISSION. THEREFORE, I NEED YOUR SIGNATURE ON THIS WAIVER BEFORE I CAN CONTACT USCIS AND/OR THE U.S. DEPARTMENT OF STATE ON YOUR BEHALF.

Application or Visa Type (i.e., N-400, I-130, B-1, K-1, etc.): _____

Case/Receipt Number: _____

Date of Receipt: _____

Embassy Location: _____

Date of Interview: _____

Petitioner/Applicant

Name: Mr. / Ms. _____

Address: _____

City: _____ Zip: _____

Date of Birth: _____

Country of Birth: _____

Phone Number: _____

E-mail: _____

Alien Number (if applicable): _____

Immigration Status (circle one):

US. Citizen: / Legal Permanent Resident / Other

Other Congressional Officers Contacted:

_____

Beneficiary

Name: Mr. / Ms. _____

Relation to Petitioner: _____

Address: _____

City: _____

ZIP Code: _____

Country: _____

E-mail: _____

Date of Birth: _____

Country of Birth:

_____

Passport Number: _____

Alien Number (if applicable): _____

Authorization:

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 it; and 3) all of this information is complete, true, and correct. I hereby request and authorize Senator Ron Johnson, or any member of his staff, to act on my behalf and to discuss and receive all relevant information about my case from USCIS/U.S. Department of State until this matter is resolved.

Petitioner/Applicant Signature (in pen): _____ Date: _____

Please return to:

U.S. Senator Ron Johnson
517 East Wisconsin Avenue, Suite 408
Milwaukee, WI 53202