



U.S. CITIZENSHIP AND IMMIGRATION SERVICES
OFFICE OF LEGISLATIVE AFFAIRS

Privacy Release

Member of Congress: Chris Deluzio

Petitioner/Applicant:

Name: _____ Date of Birth: _____

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

Beneficiary:

Name: _____ Date of Birth: _____

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

USCIS receipt number or tracking number (*no Social Security numbers*): _____

Date 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: _____



U.S. CITIZENSHIP AND IMMIGRATION SERVICES
OFFICE OF LEGISLATIVE AFFAIRS

Privacy Release

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

Staff Member (print): Annalese Earley Phone: (412) 344-5583

Email: Annalese.Earley@mail.house.gov

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/Representative CHRIS DELUZIO and the Member's staff.

Signature (sign in ink): _____ Date: _____

Current Residential Address (Do not list a P.O. Box.)

Address: _____

Phone: _____ Email: _____

Mailing Address (If different from current residential address, i.e., P.O. Box.)

Address: _____

Phone: _____ Email: _____

Translator Certification (If privacy release or any of the supplemental information has been translated.)

I certify, under penalty of perjury, that I am fluent in English and _____, and that my translation of the privacy release and any foreign language documents submitted with this inquiry are complete and accurate.

Translator Name (print): _____

Signature (sign in ink): _____ Date: _____