



Email:

Office of Congressman H. Morgan Griffith  
Privacy Release for USCIS

**Petitioner/Applicant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien Number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Beneficiary:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien Number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**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 (attach separate sheets as necessary).**

**Staff Member** (print): \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_

**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 the USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Representative Morgan H. Griffith and the Member's staff.

**Signature** (sign in ink): \_\_\_\_\_

**Date:** \_\_\_\_\_