

Your signature on this document is required for assistance

USCIS Privacy Release Form

Congressman Peter Roskam, 6th Congressional District, IL

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business/Cell Phone _____

Country of Birth _____ Gender: Female Male

Type of Application _____ Date Application Filed _____

A Number (if applies) _____ Case Number _____

Beneficiary Name (if applies) _____

Beneficiary Date of Birth (if applies) _____

Issue Description _____

Information obtained regarding my case may be shared with the following individuals:

Name _____ Relationship _____

Name _____ Relationship _____

I certify, under the penalty of perjury, that I have authorized all of 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 hereby authorize Congressman Peter J. Roskam, or a member of his staff, to make an inquiry on my behalf to the U.S. Citizenship and Immigration Services, in accordance with the Privacy Act of 1974. I hereby give my written consent.

Signature _____ Date _____

Please mail or fax this completed form and copies of any relevant documentation to:

Congressman Peter Roskam
2700 International Drive, Suite 304
West Chicago, IL 60185
F: (630) 232-7393