



# **Congressman Bradley S. Schneider**

## **IMMIGRATION PRIVACY AUTHORIZATION FORM**

**Under the provisions of the Privacy Act of 1974**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Illinois Zip Code: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Beneficiary** (usually different than petitioner for I-130 and same for most other petitions)

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

Alien Number: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

USCIS Receipt Number: \_\_\_\_\_ Date of Filing: \_\_\_\_\_

Form Type(s) (ex: N-400, I-765, etc.): \_\_\_\_\_ Priority Date (if applicable): \_\_\_\_\_

**Required: Brief description of the issue (including relevant documents, receipt notice, etc. If you need more space, attach a separate sheet):**

### **SIGNATURE FOR RELEASE**

I, (print your name) \_\_\_\_\_, certify, under penalty of perjury, that I provided or authorize all of the information provided in this privacy release and any document submitted with it, and attest that the information is complete, true, and correct. I authorize USCIS/Department of State to release information contained in my USCIS/DOS records as relevant to checking my case status, and to Representative Brad Schneider and his staff, which under the Privacy Act of 1974, cannot be released without my written consent. I am therefore consenting to the release of information protected by statute.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return this form to:**

**Congressman Bradley S. Schneider's District Office, Available by Appointment Only  
To Schedule Call (847) 383-4870 or Fax (771) 200-5951**