



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**