



# Congressman Bradley S. Schneider

## IMMIGRATION PRIVACY AUTHORIZATION FORM

Under the provisions of the Privacy Act of 1974

### Petitioner / Applicant

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

### Beneficiary

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

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

USCIS receipt number: \_\_\_\_\_ VISA #: \_\_\_\_\_

Date of filing: \_\_\_\_\_ Form type(s) (ex: N-400, I-765, etc.): \_\_\_\_\_

**Brief description of the issue (include relevant documents and 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 authorized all of the information provided in this privacy release and any documents 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 (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**Congressman Bradley S. Schneider, 111 Barclay Blvd, Suite 200, Lincolnshire, IL 60069  
Fax: 847-793-0677**