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: _____ Country of Birth: _____

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 authorize 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