

Office of Congresswoman Eddie Bernice Johnson – TX30
USCIS PRIVACY ACT RELEASE FORM

Under the Privacy Act of 1974, federal agencies are prohibited from disclosing information from your files without your written consent. By completing this form and signing the Privacy Act statement below, you authorize the federal agency/agencies involved to disclose said information to U.S. Representative Eddie Bernice Johnson and/or members of her staff. Said information will be kept confidential by them. You also affirm that this request for assistance is in no way an attempt to evade or violate any federal, state, or local law.

Effective February 15, 2018, USCIS will only accept a privacy release that authorizes the release of information to a specific congressional office. A notarized signature or a signature made under penalty of perjury by the subject of the record is now required, even if outside the United States. Digital signatures are not acceptable. USCIS policy requires that an original document contain a handwritten, ink signature, unless otherwise provided by regulation or form instruction.

Petitioner/Applicant Information

NAME (Last) _____ (First) _____ (MI) _____

ADDRESS: _____ CITY _____ ZIP: _____

PHONE _____ EMAIL: _____

ALIEN #: _____ DOB: _____ COUNTRY OF BIRTH: _____

Beneficiary Information

NAME (Last) _____ (First) _____ (MI) _____

ALIEN #: _____ DOB: _____ COUNTRY OF BIRTH: _____

USCIS Receipt/Tracking #: _____

DATE OF FILING: _____ PLACE OF FILING: _____

Form type(s) – check all that apply:

- G-639 I-90 I-129 I-129F I-130 I-131 I-140 I-212 I-290B I-360
- I-485 I-526 I-539 I-589 I-590 I-600A I-600 I-601 I-612 I-690
- I-730 I-751 I-765 I-821 I-824 I-829 I-914 (Supplement A, B, or C)
- I-918 I-924 I-929 N-400 N-600 N-565 N-644 Other: _____

Brief Description of Issue:

Staff Member Name (print)

Staff Phone

Staff Email Address

Section below to be completed by the person who is the subject of the records:

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, (print your name) _____, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Representative Eddie Bernice Johnson and the Member's staff.

Petitioner/Applicant Signature

Date

STATE OF TEXAS, COUNTY OF _____

Before me, _____ (insert the name and character of the officer), on this day personally appeared _____, known to me (or proved to me on the oath of) _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

(Seal)

Given under my hand and seal of office this _____ day of _____, 20____.

(Notary's Signature) Notary Public, State of Texas

PLEASE RETURN THE COMPLETED FORM BY MAIL, FAX, OR IN PERSON TO:

Congresswoman Eddie Bernice Johnson
District Office
1825 Market Center Boulevard, Suite 440
Dallas, Texas 75207
(214) 922-8885 OFFICE ~ (214) 922-7028 FAX