



UNITED STATES SENATOR ★ INDIANA

**MIKE BRAUN**

B85 Russell Senate Office Building ♦ Washington, D.C. 20510 ♦ Telephone (202) 224-4814

**USCIS Privacy  
Release**

**Petitioner/Applicant:**

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

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

**Beneficiary:**

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

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

**USCIS receipt number or tracking number** (no Social Security numbers): \_\_\_\_\_

Date of filing: \_\_\_\_\_

Place of filing: \_\_\_\_\_

**Form type(s) – circle 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 the issue (if you need more space, attach a separate sheet):**

Phone: \_\_\_\_\_

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

**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 Senator/Representative \_\_\_\_\_ and the Member's staff.

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_

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

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