

**PRIVACY RELEASE FORM
IMMIGRATION CASE**

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your immigration concern to be released to the office of Senator Chris Van Hollen.

PLEASE COMPLETE STEPS 1-8

STEP 1: PLEASE PROVIDE YOUR CONTACT INFORMATION.

Name: Mr./ Ms./ Mrs./ Mx./ Miss/ Dr. _____

Address: _____

Email Address: _____

Telephone Numbers: _____ Date of Birth: _____

Home: _____ Country of Birth: _____

Work: _____ Country of Citizenship: _____

Mobile: _____ Alien Number (if applicable): _____

STEP 2: PLEASE DESCRIBE YOUR RELATIONSHIP TO THE BENEFICIARY. (Examples: If you are filing for yourself or a sibling, spouse, parent, child, etc.). I AM FILING FOR MY _____

STEP 3: HAVE YOU CONTACTED ANY OTHER ELECTED OFFICIAL(S) ABOUT YOUR ISSUE?

If so, please list their name(s): _____

STEP 4: PLEASE INDICATE THE APPLICATION(S) THAT YOU HAVE FILED.

- | | | | | |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> I-129F | <input type="checkbox"/> I-131 | <input type="checkbox"/> I-485 | <input type="checkbox"/> I-765 | <input type="checkbox"/> B2 Visitor Visa |
| <input type="checkbox"/> I-130 | <input type="checkbox"/> I-140 | <input type="checkbox"/> I-730 | <input type="checkbox"/> N-400 | <input type="checkbox"/> VAWA-related case |

Other: _____ Date(s) Filed: _____

STEP 5: PLEASE PROVIDE THE RELEVANT INFORMATION FOR THE BENEFICIARY (i.e. THE PERSON SEEKING AN IMMIGRATION BENEFIT).

Case/Receipt/Passport Number (if applicable): _____

Alien Number (if applicable): _____

Name: Mr./ Ms./ Mrs./ Mx./ Miss/ Dr. _____
First Name Last Name

Date of Birth: _____

Country of Citizenship: _____ Country of Origin: _____

STEP 6:

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; 3) I waive 8 U.S.C. Section 1367 so that USCIS can release my information to Senator Van Hollen and the Senator's Staff.

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 Van Hollen and the Senator's Staff.

Signature

Date

STEP 7: PLEASE ATTACH A SHORT LETTER EXPLAINING THE MATTER ON WHICH YOU WOULD LIKE ASSISTANCE AND COPIES OF ANY RELEVANT DOCUMENTS OR NOTICES (e.g., approval notice, request for evidence, denial letter, etc.)

STEP 8: PLEASE RETURN THIS SIGNED FORM AND ALL SUPPORTING MATERIAL TO:

Senator Chris Van Hollen
111 Rockville Pike, Suite 960
Rockville, MD 20850
Fax: 301-545-1512
Assistance@vanhollen.senate.gov