

PRIVACY RELEASE FORM - IMMIGRATION USE ONLY



Mail or Fax To:
59 Elm Street, Suite 205
New Haven, CT 06510-2036
Tel: (203) 562-3718
Fax: (203) 772-2260

The Privacy Act of 1974 requires written consent from the individual/constituent before Congresswoman DeLauro can obtain information from government agencies on your behalf. Please complete, hand sign and return this form to Congresswoman DeLauro's office.

PLEASE TYPE OR PRINT

Mr. Mrs. Ms. Miss MD PhD Other _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email: _____

Date of Birth: _____ / _____ / _____

Alien No. _____

Country of Birth: _____

Please check the corresponding box below:

I-90 I-130 I-131 I-140 I-485 I-751 N-400 N-600 Other: _____

Case or Receipt No. _____

In order to avoid delays in placing your inquiry, please include a copy of your Notice of Action form I-797 with this release form.

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, _____ authorize the United States Citizenship and Immigration Services
Print your name

(USCIS) to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law to Congresswoman Rosa L. DeLauro and the Members of her staff.

Hand Signature
(electronic signatures are NOT accepted)

Date

Office Use Only:

Staff _____ Case Code _____

Date _____ / _____ / _____ AFFL _____

CAID _____ WID _____

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Please provide details of your issue(s) and or concern(s) and with which federal agency: *(if you need more space, attach separate sheet)*

Have you contacted any other elected official to assist with your issue(s) or concern(s)? Yes No

If so, please write his/her name: _____

Do you currently have an attorney working with you? Yes No

If so, attorney's name: _____ phone: _____

Third-Party Authorization (Complete this section only if you are designating the person named below to give or receive information about your case status.) **Please Note:** *Third-Party does not have authorization to make binding decisions unless documented Power of Attorney information is provided.*

Name: _____

Relationship To You: _____

Email: _____

Phone: _____

Your Hand Signature
(electronic signatures are NOT accepted)

Date