

CONGRESSWOMAN DEBBIE WASSERMAN SCHULTZ (FL-25) 777 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33325

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PRIVACY RELEASE FORM

(The Privacy Act of 1974 [Public Law 93-579] prevents agencies from releasing information about you or anyone else without the person's written consent. Therefore, if you would like for me to intervene with the USCIS on your behalf, please complete this waiver.) Please PRINT clearly.

Full Name:							
Street Addr	ress:	<u>.</u>					
City, State,	and Zip Code	•				,	
Cell Phone:				nate Phone:			
Petitioner/	Applicant: (o	ıly person who si	gned the petitic	on/application)			
Full Name:				Date of Birth:			
Alien #/(USCIS #) (if any): _A				Country of birth:			
Petitioner is a	(select one):	U.S. Citizen	_Legal Permar	nent Resident	Conditional Resident	Other	
		no will receive the					
				Dete	- CD (who		
Full Name:				Date of Birth:			
Alien #/(USCIS #) (if any): _A				c			
USCIS Rec	<u>ceipt number</u>	or tracking n	umber :				
		Social Security nu					
Date of filin	ıg:	Place of	of filing (US	CIS Office):	yyesaaa.		
	lease mark ONI		<u>''X"):</u> (If you	have multipl	e applications, you must cor	nplete a	
G-639	I-131	I-290B	I-589	I-601	I-765		
I-90	I-134	I-360	I-590	I-690	I-821		
I-129	I-134A	N-400	N-600	N-565	I-824		
I-129F	I-140	I-485	I-600A	I-730	N-644		
I-130	I-212	I-539	I-600	I-751	Other:		

Page 2- Privacy Release: Office of Congresswoman Debbie Wasserman Schultz (FL-	25)
If you have contacted another Member of Congress/Senator, please state his/her name bel-	ow:
Brief explanation of issue (What assistance do you need?): (Attach additional page if necessa	ary.)
Section below to be completed by the person who is the subject of the records:	
certify, under penalty of perjury, that 1) I provided or authorized all of the information in 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.	
, (print your name), authorize	
DHS/USCIS/DOS to release information contained in my DHS/USCIS/DOS records as re o checking my case status, and to the extent permitted by law, to Representative Debbie	levant
Wasserman Schultz and the Member's staff.	
Signature: Date:	
(Please sign by hand with a pen- digital signatures are NOT accepted) (mm/dd/yyyy)	