

PRIVACY RELEASE FORM



THOMAS R. SUOZZI
3rd District, New York

Applicant:

NAME: _____ Date of Birth ____ / ____ / ____
Alien number (if applicable) _____ Country of Birth _____
Current Mailing Address: **(NO PO BOXES)** _____
E-Mail: _____ Telephone Numbers: (Home) _____ (Cell) _____

Beneficiary (if applicable):

NAME: _____ Date of Birth ____ / ____ / ____
Alien number (if applicable) _____ Country of Birth _____

USCIS receipt number or tracking number (NO Social Security Number) _____

Date of filing: _____ Place of filing: _____

Form type(s)—check all that apply: I-90__, I-129__, I-130__, I-131__, I-212__, I-485__, I-765__, N-400__, Other _____

Briefly state the nature of your problem and the outcome you are seeking.

(if you need more space, please attach a separate sheet): _____

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 Tom Suozzi and his staff.

Signature (sign in ink) _____ Date: _____

Please return this form along with all pertinent documentation to: (email, fax, or regular mail)

Caroline Cosgrove 478A Park Ave. Huntington, NY 11743

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