

Privacy Release Form - Immigration Casework

Petitioner/Ap	pplicant:					
Name:			Date of Birt	Date of Birth:		
Alien number (if any):			Country of I	Country of Birth:		
Beneficiary:						
Name:			Date of Birth:			
Alien number (if any):			Country of I	Country of Birth:		
USCIS receip	ot number or tracl	k ing number (no So	ocial Security number	rs):		
Date of filing:						
Place of filing	:					
Form type(s)	– check all that a	pply:				
□ 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 (Supp	☐ I-914 (Supplement A, B, or C)		□ I-924	
□ I-929	□ N-400	□ N-600	□ N-565	□ N-644		
Other:						

Briefly explain the matter you are seed documentation. (Use additional paper in	•	s of any relevant
	, , , , , , , , , , , , , , , , , , ,	
Have you contacted another congressi	onal office about this matter? Y	Yes: □ No: □
If yes, which office(s) have you contacted	ed?	
Section below to be completed by the	person who is the subject of the rec	ords:
I certify, under penalty of perjury, that 1 release and any document submitted with in my privacy release and submitted with	h it; 2) I reviewed and understand all	of the information contained
I, (print name) contained in my USCIS records as relev to U.S. Senator Jerry Moran and the Me.	ant to checking my case status, and to	SCIS to release information the extent permitted by law
Signature (sign in ink):	Date	e:
Address/City/State/Zip:		
Phone:En	nail:	
Please return this completed form to:	U.S. Senator Jerry Moran 1880 Kimball Avenue, Suite 270	Phone: 785-539-8973
	Manhattan, KS 66502	Fax: 785-587-0789