

JERRY MORAN

Privacy Release Form - Immigration Casework

Petitioner/Applicant:

Name: _____

Date of Birth: _____

Alien number (if any): _____

Country of Birth: _____

Beneficiary:

Name: _____

Date of Birth: _____

Alien number (if any): _____

Country of Birth: _____

USCIS receipt number or tracking number (no Social Security numbers): _____

Date of filing: _____

Place of filing: _____

Form type(s) – check all that apply:

- | | | | | | |
|---------------------------------------|--------------------------------|--|---------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> G-639 | <input type="checkbox"/> I-90 | <input type="checkbox"/> I-129 | <input type="checkbox"/> I-129F | <input type="checkbox"/> I-130 | <input type="checkbox"/> I-131 |
| <input type="checkbox"/> I-140 | <input type="checkbox"/> I-212 | <input type="checkbox"/> I-290B | <input type="checkbox"/> I-360 | <input type="checkbox"/> I-485 | <input type="checkbox"/> I-526 |
| <input type="checkbox"/> I-539 | <input type="checkbox"/> I-589 | <input type="checkbox"/> I-590 | <input type="checkbox"/> I-600A | <input type="checkbox"/> I-600 | <input type="checkbox"/> I-601 |
| <input type="checkbox"/> I-612 | <input type="checkbox"/> I-690 | <input type="checkbox"/> I-730 | <input type="checkbox"/> I-751 | <input type="checkbox"/> I-765 | <input type="checkbox"/> I-821 |
| <input type="checkbox"/> I-824 | <input type="checkbox"/> I-829 | <input type="checkbox"/> I-914 (Supplement A, B, or C) | <input type="checkbox"/> I-918 | <input type="checkbox"/> I-924 | |
| <input type="checkbox"/> I-929 | <input type="checkbox"/> N-400 | <input type="checkbox"/> N-600 | <input type="checkbox"/> N-565 | <input type="checkbox"/> N-644 | |
| <input type="checkbox"/> Other: _____ | | | | | |

Briefly explain the matter you are seeking assistance on and attach copies of any relevant documentation. (Use additional paper if more space is needed)

Have you contacted another congressional office about this matter? Yes: No:

If yes, which office(s) have you contacted? _____

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 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 U.S. Senator Jerry Moran and the Member's staff.

Signature (sign in ink): _____ Date: _____

Address/City/State/Zip: _____

Phone: _____ Email: _____

| | | |
|--|---|--|
| Please return this completed form to: | U.S. Senator Jerry Moran P.O. Box 1154 Olathe, KS 66051 | Phone: 913-393-0711 Fax: 913-768-1366 |
|--|---|--|