



PRIVACY RELEASE FORM
USCIS INQUIRIES

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing our office to obtain information needed to respond to your request for assistance. The information obtained should be only that which is related to the issue you presented to our office.

Name: _____

E-mail address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Cell: _____ Work: _____

Date of Birth: _____ Place of Birth: _____

Please provide form type (s) _____ and Alien number, USCIS receipt number or Tracking number, if applicable (no Social Security numbers) _____

Please explain the nature of your issue and attach any correspondence which supports this statement or which relates to your case: (If necessary, use additional paper.) _____

Please state the outcome you are seeking: _____

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.

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to Representative Al Green and the Member's staff of any record pertaining to me that appears in any system of records of USCIS, U.S. Customs and Border Patrol (USCBP), or U.S. Immigration and Customs Enforcement (USICE).

Further, by signing this form, I understand that your office HAS NOT ACCEPTED my case and that upon review of this form, your office will determine whether or not my case will be accepted and advise me of such.

Signature: _____ Date: _____

Please return completed form to the Houston District Office: 3003 South Loop West, Suite 460, Houston, TX 77054.