

The Privacy Act of 1974 requires that Members of Congress or their staff have written consent before they can access information from any Federal Agency about an individual's case. For assistance from Senator Booker's office, please complete and return this form.

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Federal Agency with which you need help: US CITIZENSHIP & IMMIGRATION SERVICES AND US STATE DEPT.

Please briefly describe the issue or problem you are experiencing and include any relevant case identifying numbers or information. Attach relevant documents or additional pages to this form, if needed.

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PERSONAL INFORMATION:

Choose one: Mr. Mrs. Ms. Mx.

Address: _____

First Name: _____

Last Name: _____

City: _____

Date of Birth: _____

State: _____ Zip Code: _____

Country of Birth: _____

Email: _____

Passport #: _____

Phone: _____

Passport Issuing Country: _____

G-639 I-90 I-129 I-129F I-130 I-131 I-134A

Alien Registration #: _____

I-140 I-212 I-290B I-360 I-485 I-526 I-539

Family/Employment Visa Category: _____

I-589 I-590 I-600A I-600 I-601 I-612 I-690

Priority Date: _____

I-730 I-751 I-765 I-821 I-824 I-829

USCIS Rcpt #s: _____

I-914 (Supp. A, B, C) I-918 I-924 I-929 N-400

Current Field Ofc/Service Ctr: _____

N-600 N-565 N-644 Other _____

Embassy Case #: _____

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SIGNATURE: I authorize Senator Booker and his staff to access my complete records relating to the issue detailed herein. 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 the information contained in this form and submitted with it; and (3) all of this is information is complete, true, and correct to my best knowledge.

Signature: _____

Date: _____

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RETURN THIS FORM TO SENATOR BOOKER'S OFFICE:

Mail:

Attn: Casework Dept.
US Senator Cory Booker
1 Gateway Ctr., Suite 2300
Newark, NJ 07102

Email:

casework@booker.senate.gov

Fax:

(202) 224-5702

****Preferred Method****