



Congressman Tom Graves

USCIS Privacy Release Form

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: _____

Petitioner/ Beneficiary Address:

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell #: _____

Email: _____

Date application filed _____

USCIS receipt number or tracking number: _____

Form type(s) - Circle all that apply.

G-639 I-90 I-129 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 (Supplement A, B, or C)
 I-918 I-924 I-929 N-400 N-600 N-565 N-644 Other: _____

Statement: _____

In accordance with the provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby give my consent for information concerning my file to be furnished to my U.S. Representative Tom Graves. **Staffers will only speak with the affected party.**

I authorize U.S. Representative Graves and the members staff to receive all pertinent information and to make an inquiry regarding the above described issue. 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. *Digital signatures cannot be accepted, please sign the form*

Beneficiary Signature: _____ **Date:** _____**Petitioner Signature:** _____ **Date:** _____

Return to: 702 S. Thornton Avenue, Dalton, GA 30720, (706) 226-5320 FAX (706) 278-0840
 600 E. First Street, Suite 301, Rome, GA 30161, (706) 290-1776 FAX (706) 232-7864