

Congress of the United States
Washington, DC 20515

OFFICE OF CONGRESSMAN MARCUS J. MOLINARO

USCIS Privacy Authorization Form

Pursuant to Public Law 93-579, the Privacy Act of 1974, the Office of Congressman Marcus Molinaro will need the formal authorization and consent from constituents before making an inquiry with the U.S. Citizenship and Immigration Services (USCIS).

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 or tracking number (no Social Security numbers): _____

Date of filing: _____

Field office or service office: _____

Form type(s) – check all that apply:

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 (Supplement A, B, or C) I-918 I-924 I-929 N-400 N-600

N-565 N-644 Other: _____

Congress of the United States
Washington, DC 20515

Brief description of the issue (if you need more space, attach a separate sheet):

Staff Member: Sean Lisk
Phone: 518-625-2100
Email: Sean.Lisk@mail.house.gov

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 your 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 Congressman Marcus J. Molinaro and the Member's staff.

Signature (sign in ink): _____ Date: _____

Current Residential Address (Do not list a P.O. Box.)

Address: _____
Phone: _____ Email: _____

Mailing Address (If different from current residential address, i.e., P.O. Box.)

Address: _____
Phone: _____ Email: _____

Translator Certification (If privacy release or any of the supplemental information has been translated.)

I certify, under penalty of perjury, that I am fluent in English and _____, and that my translation of the privacy release and any foreign language documents submitted with this inquiry are complete and accurate.

Translator Name (print): _____
Signature (sign in ink): _____ Date: _____