



# Congresswoman Marjorie Greene

## 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 Marjorie Greene **Staffers will only speak with authorized persons.**

I authorize U.S. Representative Greene 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\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship (please circle): Self Parent Spouse Petitioner

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