CONGRESS OF UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

PRIVACY RELEASE FORM

CIRCLE ONE: MR. MRS. MS. MISS

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

DAYTIME PHONE #: _____ E-MAIL: _____ ☐ PLEASE SEND ME CONGRESSWOMAN RICE'S E-NEWSLETTER

D.O.B.: _____ SOCIAL SECURITY #: _____ (FOR SOC. SEC., INTERNAL REVENUE & PASSPORT CASES *ONLY*) PASSPORT LOCATOR #: _____ (FOR PASSPORT CASES *ONLY*)

OTHER FEDERAL AGENCY CLAIM OR REFERENCE #: _____

COMPLETE THIS SECTION FOR IMMIGRATION CASES ONLY

TYPE OF APPLICATION FILED WITH THE US CITIZENSHIP & IMMIGRATION SERVICES: (CIRCLE ONE)

I-130 I-140 I-485 N-400 OTHER: _____

BENEFICIARY'S NAME:	PETITIONER'S NAME:
EMBASSY:	COUNTRY OF BIRTH:
USCIS APPLICATION #:	NATIONAL VISA CENTER CASE #:
DATE THE APPLICATION WAS FILED:	DATE & PLACE OF INTERVIEW:
GREEN CARD: #	DATE OF ORIGINAL PAYMENT:

PLEASE STATE THE NATURE OF YOUR PROBLEM (BE SPECIFIC):

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I hereby authorize Congresswoman Kathleen Rice and her staff to work on my behalf with any federal agency relevant to the matter described below, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter. Furthermore, I hereby declare that I am currently a resident of the Fourth Congressional District and the above information is truthful and complete to the best of my knowledge. In addition, if it is found that the above information is not truthful and complete, my case will be closed and Congresswoman Kathleen Rice's staff will take no further action on my behalf. Congresswoman Rice is also authorized to see any materials that may be disclosed to the above request, and to speak on my behalf.

SIGNATURE: _____ DATE: _____