



**PRIVACY RELEASE FORM - INS**

U.S. Representative John Spratt  
South Carolina – 5<sup>th</sup> District

Date\_\_\_\_\_

ALIEN #\_\_\_\_\_ Application Type\_\_\_\_\_

Other Name Used\_\_\_\_\_

Date of Birth\_\_\_\_\_ Receipt Date\_\_\_\_\_

Country of Birth\_\_\_\_\_ Receipt #\_\_\_\_\_

Petitioners Names\_\_\_\_\_ Interview Date\_\_\_\_\_

Other Congressional Offices Contacted\_\_\_\_\_

Date of Last Fingerprint\_\_\_\_\_ and Location\_\_\_\_\_

Current Address: Street\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

Telephone Number\_\_\_\_\_

Check if address has changed since last application was filed.

***My signature authorizes the Immigration and Naturalization Service to provide information on my case/petition to Congressman Spratt or his representative.***

X\_\_\_\_\_ Date\_\_\_\_\_

Briefly explain the nature of the problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form and all supporting documents to Congressman John Spratt at the South Carolina office nearest you.**

**ROCK HILL OFFICE**  
201 E. Main Street #305  
Rock Hill, SC 29730  
Tel. 803-327-1114  
Fax 803-327-4330

**SUMTER OFFICE**  
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843-393-3998  
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