

**PRIVACY ACT RELEASE FORM**  
**PLEASE WRITE CLEARLY**

**COMPLETE ALL APPLICABLE PARTS OF THIS FORM.** Incomplete forms will not be processed.

Mr. /Mrs. /Ms. Full Name: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work or Mobile \_\_\_\_\_

**PLEASE SEND COMPLETED FORM TO: Congressman John Culberson**  
10000 Memorial Drive, Suite 620  
Houston, Texas 77024-3490  
Fax: (713) 680-8070

**Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code) permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Rep. John Culberson to make inquiries to the appropriate officials on your behalf.**

**PROVIDE ALL PERTINENT INFORMATION.** For immigration requests, see below.

Federal Agency Involved: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other Numbers Identifying Your Claim: \_\_\_\_\_

<p><b>THIS SECTION IS FOR U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) REQUESTS ONLY. Cases are not taken from lawyers.</b></p> <p>A congressional inquiry can be made only after you have scheduled an appointment with USCIS through INFOPASS and you have waited 90 days for the USCIS to resolve the matter. Please provide:</p> <p>Date of Last INFOPASS Appointment: _____ Alien #: A _____</p> <p>Name of Petitioner or Applicant: _____ U.S. Citizen ___ Yes ___ No</p> <p>Name of Beneficiary: _____</p> <p>USCIS Receipt #: _____</p> <p><b>YOU MUST PROVIDE A COPY OF YOUR RECEIPT NOTICE(S) FOR USCIS APPLICATIONS.</b> Include the most recent correspondence you have received from the USCIS. If requesting assistance with an I-485 application, you must include a copy of your I-130 or I-140 receipt, whichever is applicable. Only the employer may request assistance with an employer-based I-485.</p>
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**Please briefly describe your situation or the information desired. Use the back of this form or attach a separate page, if necessary. Be sure to provide any necessary documentation.**

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**HONESTY POLICY:** Please understand that by requesting assistance from my office, you are obligated to provide true and correct information regarding your situation. Failure to disclose all information or any deliberate attempt to mislead me or my staff may result in the termination of assistance.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_