



CONGRESS OF UNITED STATES
 HOUSE OF REPRESENTATIVES
 WASHINGTON, DC 20515

PRIVACY RELEASE FORM

I hereby authorize Congresswoman Carolyn McCarthy to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of:

NAME OF DEPARTMENT/AGENCY

FIRST NAME: _____ LAST NAME: _____

CURRENT ADDRESS: _____

PHONE: _____ E-MAIL: _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

(FOR IMMIGRATION CASES ONLY)

SOCIAL SECURITY #: _____ GREEN CARD #: _____

(FOR SOCIAL SECURITY & PASSPORT CASES ONLY)

(FOR IMMIGRATION CASES ONLY)

COMPLETE THIS SECTION FOR IMMIGRATION CASES ONLY

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

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

DATE THE APPLICATION WAS FILED: _____ DATE OF ORIGINAL PAYMENT: _____

USCIS APPLICATION #: _____ NATIONAL VISA CENTER CASE#: _____

BENEFICIARY'S NAME: _____ PETITIONER'S NAME: _____

EMBASSY: _____ DATE & PLACE OF INTERVIEW: _____

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

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 Carolyn McCarthy and/or her staff will take no further action on my behalf. Congresswoman McCarthy is also authorized to see any materials that may be disclosed to the above request, and to speak on my behalf.

SIGNATURE: _____ DATE: _____