

# Congressman Michael C. Burgess, M.D.

## Congressional Inquiry Form for Review with the U.S. Citizenship and Immigration Services (USCIS)

The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I must have your written authorization before I can obtain a response regarding the *Request for Congressional Inquiry* on your behalf.

**I hereby authorize the release of any and all information pertaining to my case to Congressman Michael C. Burgess, M.D. and/or any member of his staff.**

\_\_\_\_\_  
Signature of person for whom we are inquiring

\_\_\_\_\_  
Date

**Please fill out the remaining information completely and clearly, and send it to one of my offices listed at the bottom of this form:**

**Name of Petitioner (person filing application):** \_\_\_\_\_

Status of Petitioner:  Citizen  Lawful Permanent Resident  Naturalized Citizen  Other: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

Social Security Number: \_\_\_\_\_ Other ID# \_\_\_\_\_ ID Type: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Name of Beneficiary (person for whom you are applying):** \_\_\_\_\_

Is she/he currently in the U.S.? \_\_\_\_\_ Current Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Receipt or Alien Registration Number: \_\_\_\_\_ Passport Number: \_\_\_\_\_

### Form that has been filed:

I-129  I-129F  I-130  I-140  I-1485 family/employment  I-526  
 I-539  I-600  I-600A  I-601  I-612  I-751  
 I-765  N-400  N-565  N-600  Other: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Do you have a receipt, canceled check, or money order?  Yes  No

### Location where petition has been filed:

Dallas District Office  Texas Service Center  California Service Center  Nebraska Service Center  
 Vermont Service Center  Nation Benefits Center  Other: \_\_\_\_\_

**PLEASE CONTINUE ON THE OPPOSITE SIDE**

