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Congress of the United States

House of Representatives Washington, DC 20515-4901

Privacy Act Release/USCIS Casework Request Form

Name:	<i>E-Mail</i> :			
I prefer to receive correspond	lence by E-mai	l (if provided ab	ove): YES	NO
Address:				
City:	State:	_Zip Code:	Date of Bi	rth:
Phone (Home):	(Cell):		(Work):	
Social Security Number:	Alien Registration Number:			
Application Number and Titl	e: (ex. I-130, pe	etition for alien r	elative)	

Date and USCIS office at which the application was filed:

Please provide any previous addresses that may have been used on the USCIS forms you submitted. Please also indicate that country in which you were born and provide copies of any USCIS receipts or correspondence you received that may be helpful when I inquire about your case.

The Problem I am having with the USCIS is: (attach an additional sheet(s) if necessary)

Privacy Act Release

I request and authorize U.S. Representative Paul Ryan to act on my behalf and to receive information from proper officials regarding the matter described above. Congressman Ryan is authorized by me to receive on my behalf all correspondence and information about my case.

Signed:

Date:

Please return this completed form to: Congressman Paul Ryan Attn: Teresa Mora 216 6th Street Racine, WI 53403 Phone: (262) 637-0510 Fax: (262) 637-5689

*** Please note that the Privacy Act Release requires that you authorize access to your private records. Your signature above will enable Congressman Ryan to make the necessary inquiries on your behalf.

KENOSHA CONSTITUENT SERVICES CENTER 5455 SHERIDAN ROAD, SUITE 125 KENOSHA, WI 53140 (262) 654-1901 . FAx: (262) 654-2156