



Member of Congress: Doris Matsui

Petitioner/Applicant:

Name: _____ Date: _____

Address: _____ City: _____ Zip code: _____

Phone: _____ E-mail: _____

Date of birth: _____ Country of birth: _____

Alien number (if any): _____

Beneficiary name (if any): _____

Date of birth: _____ Country of birth: _____

Alien number (if any): _____

USCIS Receipt number/Tracking number: _____

Form type: _____

Date of filing: _____

Place of filing: _____

Brief description of the issue (if you need more space, attach a separate sheet):

Staff Member: _____ Phone: 916-498-5600 Fax: 916-444-6117

Section below to be completed by the person who is the subject of the records:

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any documents submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I, (print your name) _____, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to **Representative Doris Matsui** and the Member's staff.

Signature (sign in ink): _____ Date: _____