

Congressman Rush Holt

12th District, New Jersey
50 Washington Road
Princeton Junction, NJ 08550

(609) 750-9365 PHONE

FAX (609) 750-0618



WRITTEN AUTHORIZATION UNDER THE PROVISIONS OF THE PRIVACY ACT OF 1974

For Immigration/Naturalization Casework

Date: _____

Dear Congressman Holt,

I would like to request assistance with the following problem I am having with the U.S. Citizenship and Immigration Services (formerly the INS). In keeping with the restrictions of the Privacy Act of 1974, I am authorizing you and/or your staff to request information about me, which would be required in your investigation of the matter, outlined below.

Please Print or Type:

Name _____

Other Names Used (Maiden, aliases, etc.): _____

Address _____

City _____ ZIP _____

Home Phone _____ Work Phone _____

Email Address: _____

Social Security # _____ Alien number: A _____

Date Of Birth: _____

Place Of Birth _____

Form That Was Filed With The USCIS: _____

Date Filed With The USCIS: _____

USCIS Receipt Number: _____

USCIS Office Where Form Was Filed: _____

Signature _____

Information about the Petitioner (if applicable):

Name: _____

Date of Birth: _____ Place of Birth: _____

Alien Registration Number: A _____

Check one: U.S. Citizen U.S. Lawful Permanent Resident (“Green Card” holder)
 Permanent Resident of another country (Which country? _____)

Information about the Beneficiary (if applicable):

Name: _____

Date of Birth: _____ Place of Birth: _____

Alien Registration Number: A _____

Check one: U.S. Citizen U.S. Lawful Permanent Resident (“Green Card” holder)
 Permanent Resident of another country (Which country? _____)

Briefly explain the nature of your complaint or concern and attach copies of any relevant receipt notices or documents you may have:

What steps have you taken so far and what have been the results? Please include the names of agencies and persons you have contacted.

What would you consider a fair outcome?

Thank you.

Please return this form to:
Rep. Rush Holt
50 Washington Road
Princeton Junction, NJ 08550
FAX 609 750-0618