CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION: USCIS

PLEASE PRINT

	-	 •
Name:		

First	Middle	Last	
Address:		Phone: Home	
City and Zip Code:		Cell	
Birthdate:	A-Number:	Work	
E-Mail:			
Receipt Number:	Passport	Number:	
What application was filed?	Date:	Which USCIS location?	
Name of Petitioner:			
Name of Child/Children deriving	g benefit:		
Date of Interview:		Interviewing Officer DAO:	
Date of fingerprints:			
Country/City of Origin:			
Brief description of problem (Ple	ease attach copies of all suppo	orting documents):	
I authorize Congressman Bishop and his staff to receive any information that they may need in order to provide this assistance.			
*Note: In order to comply with the psignature be on file.	Date provisions of the Privacy Act of 19	974 and to be of assistance with claim(s), it is necessary that your	

Please print and mail to:

Attention: Lisa Wieber
District Office
Congressman Timothy Bishop
3680 Route 112
Coram, NY 11727

Fax: 696-4520