Privacy Act Release - Congressional Inquiry (Immigration)

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code), I am required to obtain your permission in writing before I can make an inquiry on your behalf. Please complete this form as completely as possible, and return it, including all supporting documentation and correspondence, to:

Philadel 7219 Frankford A	ative Allyson Y. Schwartz phia District Office ave., Philadelphia PA 19135 55 / (215) 333-4508 (fax)	<u>OR</u>	U.S. Representative Allyson Y. Schwartz Montgomery County District Office 706 West Ave., Jenkintown PA 19046 (215) 517-6572 / (215) 517-6575 (fax)
Petitioner/Inquirer Name			
Street Address			
City	State		Zip
Daytime Phone Number:		E-mail Addre	258:
Your (non)immigrant status (i.e. citizen, LPR, L1 visa, etc):		
Relationship to beneficiary (i	e. father, sister, self, etc.):		
PART 2			
Name of beneficiary (N/A, if	yourself) & aliases		
Date of birth	Country of citizen	nship	Alien registration #, passport #, applicable # (if any)
	FORM FI	LED / CASE T	YPE
	I-129 I-485	I-824	N-600I-600
I-130 I-129F N-400 I-600A			
I-140 I-539 N-565 G-639 I-131			
	I-751 I	I-765 I-0	501 I-90
	OTHER (SPECIFY):		
	RECEIPT #:		
WHERE	E FORM FILED (i.e. Philadelphia	, VSC, etc.):	
DATE FILED:			
NOTE : Please atta	ch a brief letter describing the pro	oblem and prop	posed remedy or use the other side of this form.

I hereby authorize U.S. Representative Allyson Y. Schwartz or her staff to intercede on my behalf, and review all relevant documentation that U.S. Representative Schwartz or her staff deems necessary in connection with my request for assistance. I understand that any documents I provide to U.S. Representative Schwartz or her staff may be copied and forwarded to officials of federal agencies involved in executing my request for assistance. I further understand that all federal agencies are allowed a minimum of 30 days to respond to Congressional inquiries.