

Dr. Michael C. Burgess

United States Congressman Representing Texas' 26th District

Request for Congressional Inquiry with the U.S. Citizenship and Immigration Services (USCIS)

The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I must have your written authorization before I can obtain a response regarding the Request for Congressional Inquiry on your behalf.

,	the release of any and a M.D. and/or any member o	1	ertaining to my case to Cong	gressman		
Signature of person for whom we are inquiring			Date			
Please fill out the rer this form:	naining information comp	pletely and clearly	y, and send it to one of my offic	ces listed at the bottom of		
Name of Petitioner (person filing application):					
Status of Petitioner:	Citizen Lawful P	ermanent Residen	t 🔄 Naturalized Citizen	Other:		
Current Address:Email:						
City/State/Zip Code:						
Telephone:	(home	2)	_(work)	(mobile)		
Social Security Number:Other ID#ID Type:) Type:		
Date of Birth:Country of Birth:						
Name of Beneficiary	person for whom you are	e applying):				
Is she/he currently in the U.S.? Current Address:						
City/State/Zip Code/0	Country:					
Telephone:	(home))	(work)	(mobile)		
Date of Birth:	(Country of Birth:				
Receipt No. <u>:</u>		Passport No.:	Alien Regis	stration No		
I-539	led: -129F I-130 -600 I-600A N-400 N-565	 I-140 I-601 N-600 	 I-1485 family/employment I-612 Other: 	☐ I-526 ☐ I-751		
Date Filed <u>:</u>	Do you h	ave a receipt, canc	eled check, or money order?	Yes No		

PLEASE CONTINUE ON THE OPPOSITE SIDE

CONGRESSMAN MICHAEL C. BURGESS, M.D.

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Location where petition has Dallas District Office Vermont Service Center	been filed: Texas Service Center Nation Benefits Center	California Service Center	Nebraska Service Center
Description of the Problem:			
Should you desire information regainformation:	arding this inquiry be shared with ano	ther individual, please name that pers	on and complete the following
I authorize the release of information	n for this inquiry to:	Num f	nily member, or trusted friend
Signature of Individual Requesting I	inquiry:		my member, or trusted friend
			Date
Lake Dallas District Office 2000 S. Stemmons Freeway, Suite 2	00		

2000 S. Stemmons Freeway, Suite 20 Lake Dallas, Texas 75065 (940) 497-5031 (office) (940) 497-5067 (fax)