



Congressman Bradley S. Schneider
IMMIGRATION PRIVACY AUTHORIZATION FORM
Under the provisions of the Privacy Act of 1974

1 Name: _____
Address: _____ City _____ Zip Code _____
Email Address: _____
Phone Numbers: Home: _____ Cell: _____ Work: _____

2 Please describe your relationship to the beneficiary (ex. sibling, spouse, parent, child, or self)

3 *This section must be completed by the petitioner or beneficiary*

Please Circle One: PETITIONER BENEFICIARY

Full legal name: Mr/ Mrs./ Ms./ Dr. _____

Date of Birth _____ Social Security #: _____

Alien Number _____

Case/Receipt Number _____

Beneficiary's Country of Citizenship _____

Beneficiary's Country of Origin _____

4 *In accordance with the Privacy Act of 1974, our office may not assist individuals without their express written consent.*

I authorize the Office of Congressman Bradley S. Schneider to make inquiries on my behalf:

Signature _____

Date _____

5 Please attach a short letter explaining the matter on which would like assistance, along with any relevant documents (examples: approval notice, request for evidence, denial letter)

6 Please return this fully completed form, with signature and all relevant documents to:

Representative Brad Schneider

111 Barclay Blvd., Suite 200

Lincolnshire, IL 60069

Fax: 847-793-0677