



Congress of the United States House of Representatives

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Congressman Mike Pompeo
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Privacy Release

Date: _____

Petitioners Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Beneficiary's Name: _____ **Date of Birth:** _____

Country of Birth: _____ **Passport Number:** _____

Alien Registration Number: _____

Form Type/ Petition number: _____

Date of Filing: _____ **Place of Filing:** _____

Receipt number/ Tracking number: _____

Have you contacted another congressional office regarding this matter? _____
If "yes" to the above, which office & when?

Please summarize your issue. In addition, please state specifically what you are trying to achieve:

I hereby authorize Congressman Mike Pompeo and his staff to make inquiries and obtain information related to my case currently pending with all government agencies.

SIGNATURE: _____

I also authorize correspondence and information concerning this matter to be forwarded to: (Spouse, Friend, Relative, etc.)

(Name, Address, Phone #)