

## 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.

I hereby authorize the release of any and all information from any federal agency pertaining to my case to Congressman Michael C. Burgess, M.D. and/or any member of his staff. Signature of person for whom we are inquiring Date Please fill out the remaining information completely and clearly, and send it to one of my offices listed at the bottom of this form: Name of Petitioner (person filing application): Status of Petitioner: Citizen Lawful Permanent Resident Naturalized Citizen Other:\_\_\_\_\_ Current Address:\_\_\_\_\_ Email:\_\_\_\_\_ City/State/Zip Code: Telephone: (home) (work) (mobile) Date of Birth:\_\_\_\_\_Country of Birth:\_\_\_\_\_ Name of Beneficiary (person for whom you are applying):\_\_\_\_\_\_ Is she/he currently in the U.S.? Current Address: City/State/Zip Code/Country: Telephone: \_\_\_\_\_(work) \_\_\_\_\_(mobile) Date of Birth: Country of Birth: Receipt No.: Passport No.: Alien Registration No. Form that has been filed: I-140 I-1485 family/employment I-129 I-129F I-130 I-526 I-600A I-601 I-612 I-539 I-600 I-751 I-765 N-400 N-565 N-600 Other: Do you have a receipt, canceled check, or money order? Date Filed: No Yes

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)