## Request for Congressional Inquiry with the U.S. Citizenship and ImmigrationServices (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: $\quad \square$ Citizen $\square$ Lawful Permanent Resident $\quad \square$ Naturalized Citizen $\quad \square$ Other:
Current Address: $\qquad$ Email: $\qquad$
City/State/Zip Code: $\qquad$
Telephone: $\qquad$ (home) $\qquad$ (work) $\qquad$ (mobile)

Date of Birth: $\qquad$ Country of Birth: $\qquad$

Name of Beneficiary (person for whom you are applying):
Is she/he currently in the U.S.? $\qquad$ Current Address:

City/State/Zip Code/Country: $\qquad$
Telephone: $\qquad$ (home) $\qquad$ (work) $\qquad$ (mobile)

Date of Birth: $\qquad$ Country of Birth: $\qquad$
Receipt No.: $\qquad$ Passport No.: $\qquad$ Alien Registration No. $\qquad$
Form that has been filed:

| $\square$ | I-129 | $\square$ | I-129F | $\square$ | I-130 | $\square$ |  | $\square$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## CONGRESSMAN MICHAEL C. BURGESS, M.D.

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

## Location where petition has been filed:

| $\square$ Dallas District Office | $\square$ Texas Service Center | $\square$ California Service Center | $\square$ Nebraska Service Center |
| :--- | :--- | :--- | :--- |
| $\square$ Vermont Service Center | $\square$ Nation Benefits Center | $\square$ Other: |  |

## Description of the Problem:

Should you desire information regarding this inquiry be shared with another individual, please name that person and complete the following information:

I authorize the release of information for this inquiry to: $\qquad$ Signature of Individual Requesting Inquiry:

Name of your spouse, family member, or trusted friend
$\qquad$
Date
Lake Dallas District Office

