GA Sixth Congressional District Immigration Privacy Release

- **Constituent (Petitioner/Applicant)**

Name: _____

Address: _____

Phone#:_____ _____
Cell# Home/Work#

Date of Birth: _____ A# _____

Country of Birth: _____

Date of legal entry into the US: _____ Visa type: _____

I-94#_____

USCIS Form Type: _____Receipt number: _____

I140 Information: Priority Date: _____ Preference Category: _____

- **Beneficiary (if applicable):**

Name: _____

Date of Birth: _____A#_____

Receipt number: _____

- **Include copies of the I797 NOTICE OF ACTION for all pending petitions.**
- **Include a TYPED description of how you would like our office to be of assistance.**

Privacy Act Release: Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to **Congressman Tom Price and those acting in his behalf**, of any record pertaining to me that appears in any system of records of USCIS, U.S. Customs and Border Patrol (USCBP), U.S. Immigration and Customs Enforcement (USICE), or US State Department (DOS).

SIGN HERE_____DATE_____

Once complete, please return all required items to:

Office of Congressman Tom Price, M.D.
85-C Mill Street, Suite 300
Roswell, GA 30075
770-998-0050 Fax