

RICK LARSEN
2nd District, Washington

U.S. House of Representatives

I am requesting assistance from Congressman Rick Larsen and his staff on a personal issue concerning a federal agency.

Please explain your situation or request and provide any relevant information. Feel free to attach relevant documents, copies or other materials that support your claim.

The Privacy Act of 1974 is a Federal law designed to protect you from any unauthorized use and exchange of personal information by Federal agencies.

Name (Printed): _____

Home Phone: _____ Place of Birth: _____

Date of Birth: _____ Email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Receipt #: _____ Alien Registration #: _____

Passport #: _____ Form Type(s) submitted: _____

I understand that by signing, I authorize Congressman Larsen and his staff to receive any information from Federal agencies that they might need in order to provide assistance. Further, I certify, under penalty of perjury that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true and correct.

I, (print your name) _____, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Rep. Rick Larsen and his staff.

Signature: _____ Date: _____

Please sign and return this form to Congressman Larsen's Everett office, ATTN: Casework, to 2930 Wetmore Ave. Suite 9-F, Everett WA, 98201 or by fax to (833) 696-6499