



Congressman Ben Cline
6th District, Virginia

U.S House of Representatives
Washington, D.C.

IMMIGRATION CASEWORK PRIVACY RELEASE

Petitioner/Applicant:

Name: _____ Date of Birth: _____

Alien Number (if any): _____ Country of Birth: _____

Beneficiary:

Name: _____ Date of Birth: _____

Alien Number (if any): _____ Country of Birth: _____

USCIS receipt number or tracking number (no Social Security numbers): _____

Date of filing: _____

G-639 I-90 I-129 I-129-F I-130 I-131 I-140 I-212 I-290B I-360

I-485 I-526 I-539 I-589 I-590 I-600A I-600 I-601 I-612 I-690

I-730 I-751 I-765 I-821 I-824 I-829 I-914 (Supplement A, B, or C)

I-918 I-924 I-929 N-400 N-600 N-565 N-644 Other: _____

Brief description of the issue (if you need more space, attach a separate sheet):

Staff Member (print): _____ Phone: _____

Email: _____

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1009 Longworth HOB
Washington, DC 20515 Ph:
(202) 225-5431

Harrisonburg Office
70 North Mason Street
Suite 110
Harrisonburg, VA 22802
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Section below to be completed by the person who is subject of the records:

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 Representative Ben Cline and his staff.

Signature (sign in ink): _____ Date: _____

Current Residential Address (*Do not list a P.O. Box*):

Address: _____

Phone: _____ Email: _____

Mailing Address (*If different from current residential address, i.e., P.O. Box*):

Address: _____

Phone: _____ Email: _____

Translator Certification (*If privacy release or any of the supplemental information has been translated.*):

I certify, under penalty of perjury, that I am fluent in English and _____, and that my translation of the privacy release and any foreign language documents submitted with this inquiry are complete and accurate.

Translator Name (print): _____

Signature (sign in ink): _____ Date: _____

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OR VIA FAX – 540-
857-2675