

PRIVACY RELEASE FORM

Petitioner/Applicant:

Name: _____ Date of Birth: _____

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

Address: _____

Phone Number: _____

Email Address: _____

Would you like to receive Representative Hollingsworth's email newsletters? ____Yes ____No

How did you hear about the services your congressional office has to offer?

Beneficiary:

Name: _____ Date of Birth: _____

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

Address: _____

Phone Number: _____

Email Address _____

USCIS receipt number or tracking number: _____

Date of filing: _____

Place of filing: _____

Form type(s) – check all that apply:

- G-639 I-90 I-129 I-129F 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: _____

Have you contacted any other elected officials about this problem? ___ Yes ___ No
If yes, who?

Did you receive a response from their office? ___ Yes ___ No
If so, please list:

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

Constituent Authorization:

I have sought assistance from Representative Trey Hollingsworth on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize Representative Trey Hollingsworth, or any member of his staff to work on my behalf with any federal agency involved in this case. Agencies may release any relevant information contained in my file/records, forward pertinent correspondence sent to me, or discuss issues relevant to my case, all of which may be used by Representative's office until the matter is resolved. I also affirm that the above information is accurate. This must be signed by involved constituent.

Signature: _____ **Date:** ___/___/___

Section below to be completed by the person who is the 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 Senator/Representative _____ and the Member's staff.

Signature (sign in ink): _____ **Date:** ___/___/___

Staff Member: Shelly Watkins
Phone: (812)-924-4873
Email: Shelly.Watkins2@mail.house.gov

Please complete form and return to the following address:

Representative Trey Hollingsworth
ATTN: Shelly Watkins
321 Quartermaster Court
Jeffersonville, IN 47130

Please attach a copy of any documents that may be helpful to us.