



Office of Congressman Robert Wittman Privacy Release Form

In accordance with the Privacy Act, it is necessary for you to complete and sign this form authorizing this office to obtain the information necessary to respond to your request for assistance.

Immigration Privacy Release Form

Petitioner/Applicant:

Name: _____ Date Of Birth: _____

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

Address: _____

Telephone # _____ Email: _____

Beneficiary:

Name: _____ Date of Birth: _____

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

* USCIS Receipt number/Tracking number: _____

Date of filing: _____ Place of filing: _____ Form type: I-129 I-130 I-140 I-751 I-485 I-526 I-539 I-765 I-824 I-601 I-612 I-90 I-730 I-600A I-600 N-400 N-600 N-565 N-644 G-639 I-290B I-589 I-590 I-131 I-131 Other: Please include a brief description of the issue:

Section below to be completed by the person who is the subject of the records:

To the best of my knowledge, 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 Rob Wittman and his staff.

Signature (sign in ink): _____ Date: _____

Privacy Release: (To be completed by the individual who is the subject of the records.) To remain in compliance with the Privacy Act as well as DHS policy and regulations, United States Citizenship and Immigration Services (USCIS) may not disclose any information without written consent from the individual who is the subject of the records. Family members, friends, an attorney, an authorized representative, or other interested parties can not authorize the release of your personal information on your behalf. I, _____ grant Representative Rob Wittman and his staff permission to receive and review any information contained in my USCIS electronic records or paper file.

Signature _____ Date _____

Please fax or mail your completed form to your nearest district office, addressed to Congressman Rob Wittman:

Stafford Office

Phone: (540) 659-2734
95 Dunn Drive
Suite 201
Stafford, VA 22556
Fax: (540) 659-2737

Tappahannock Office

(804) 443-0668
508 Church Street
P.O. Box 3106
Tappahannock, VA 22560
Fax: (804) 443-0671

Hanover Office

(804) 730-6595
6501 Mechanicsville Turnpike
Suite 102
Mechanicsville, VA 23111
Fax: (804) 730-6597