



Congressman Timothy Bishop  
 31 Oak Street  
 Suite 20  
 Patchogue, NY 11772  
 Phone: (631) 289-6500 Fax: (631) 289-3181

In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file.

**CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION: USCIS**

**Please Print or Type:**

Mr., Mrs., or Ms.(circle one) FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALIEN NUMBER: A SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

FORM THAT WAS FILED WITH USCIS: \_\_\_\_\_

DATE FILED WITH USCIS: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

USCIS OFFICE WHERE FORM WAS FILED: \_\_\_\_\_

INTERVIEW DATE: \_\_\_\_\_ HAVE YOU MOVED SINCE APPLICATION WAS FILED? \_\_\_\_\_

Briefly explain the nature of your concern/problem. You may attach copies of any relevant documents you may have.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INFORMATION ABOUT PETITIONER** (if applicable):

Mr., Mrs., or Ms. (circle one) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Check one: ( ) U.S. Citizen ( ) U.S. Legal Resident ("Green Card" holder)

Alien Registration Number: A \_\_\_\_\_

**PLEASE RETURN FORM TO:**

Congressman Timothy Bishop  
 31 Oak Street  
 Suite 20  
 Patchogue, NY 11772  
**Attention: Leah Sullivan**  
 Phone: (631) 289-6500 Fax: (631) 289-3181