CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION: USCIS

PLEASE PRINT

Name:

_____

First Middle Last

Address: _____ Phone: **Home** _____

City and Zip Code: _____ **Cell** _____

Birthdate: _____ A-Number: _____ **Work** _____

E-Mail: _____

Receipt Number: _____ Passport Number: _____

What application was filed? _____ Date: _____ Which USCIS location? _____

Name of Petitioner: _____

Name of Child/Children deriving benefit: _____

Date of Interview: _____ Interviewing Officer DAO: _____

Date of fingerprints: _____

Country/City of Origin: _____

Brief description of problem **(Please attach copies of all supporting documents)**:

_____

I authorize Congressman Bishop and his staff to receive any information that they may need in order to provide this assistance.

_____ ____/____/_____

Signature Date

*Note: 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.

Please print and mail to:

Attention: Leah Sullivan
District Office
Congressman Timothy Bishop
3680 Route 112
Coram, NY 11727
Fax: 696-4520

Reset Form