# OFFICE OF CONGRESSMAN JOHN GARAMENDI

PRIVACY RELEASE FORM/REQUEST FOR CONGRESSIONAL INQUIRY

IMMIGRATION CASEWORK HELP FORM

DATE: _____ PETITIONER NAME: _____

DATE OF BIRTH: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

BENEFICIARY NAME: _____

DATE OF BIRTH _____ COUNTRY OF BIRTH: _____

ALIEN REGISTRATION NUMBER/GREEN CARD NUMBER: _____

RECEIPT NUMBER: _____ ASYLEE PETITION NUMBER: _____

Are you being represented by legal counsel? Yes ☐ No ☐

Form(s) Filed: ☐ I-90 ☐ I-120 ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-485 ☐ I-526
☐ I-539 ☐ I-600 ☐ I-600A ☐ I-601 ☐ I-612 ☐ I-751 ☐ I-765
☐ I-824 ☐ N-400 ☐ N-565 ☐ N-600 ☐ N-639 ☐ N-643

Have you contacted our office before? Yes ☐ No ☐

Please briefly explain your problem and outline the steps that have been taken by you and the agency with regards to your situation. If you need additional room, you may attach a letter or write on the back of this form.

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I certify under penalty of perjury that I provided or authorized all of the information in this privacy release and any document submitted with it; I reviewed and understand all of the information contained in my privacy release and any document submitted with it; and all of this information is complete, true, and correct.

I hereby request the assistance of the Office of United States Representative John Garamendi in addressing the matter described above and authorize USCIS to release any information relating to the above described matter to Congressman John Garamendi or his staff.

**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. This form does not promise or guarantee any specific action and should in no way be taken as an indication of future results.

**Please email, mail, or fax form to:**

Congressman John Garamendi
Attention: Casework
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Phone: 530-753-5301 Fax: 530-753-5614
Email: CA03.Casework@mail.house.gov