

OFFICE OF CONGRESSMAN JOHN GARAMENDI
PRIVACY RELEASE FORM/REQUEST FOR CONGRESSIONAL INQUIRY



IMMIGRATION CASEWORK HELP FORM

DATE: _____ DATE OF BIRTH: _____
NAME: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____

Name of Beneficiary: _____
Date of Birth: _____ Country of Birth: _____
Alien Registration Number/Green Card Number: _____
Receipt Number: _____ Asylee Petition: _____

Are you being represented by legal counsel? _____

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

Other: _____ Location of Filing: _____

Have you contacted our office regarding this matter before? _____

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

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 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 print and mail or fax to:
Congressman John Garamendi
Attention: Casework
412 G Street Davis, CA 95616
Phone: 530-753-5301 Fax: 530-753-5614