



United States Senator John Cornyn
IMMIGRANT/NON-IMMIGRANT INFORMATION AUTHORIZATION

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of the Bureau of Citizenship and Immigration Services and/or the Department of State. I am furnishing his office with the following information to aid in the inquiry.

*****PLEASE BRIEFLY DESCRIBE YOUR DIFFICULTY ON A SEPARATE PAGE*****

INFORMATION ABOUT YOU:

ARE YOU THE PETITIONER? YES [] NO []

NAME: (Mr./Mrs./Ms.) _____

PHONE NUMBER: _____ ALTERNATE: _____

ADDRESS: _____

DATE AND PLACE OF BIRTH: _____

ALIEN REGISTRATION /A#: _____ SOCIAL SECURITY #: _____

DATE AND PLACE OF NATURALIZATION: _____

INFORMATION ABOUT BENEFICIARY OR FOREIGN VISITOR:

NAME(S) OF BENEFICIARY OR VISITOR: [Please include their relationship to you, their Full Name, Date of Birth, Place of Birth, Alien No. (if available), and Passport Number]

PRESENT ADDRESS AND TELEPHONE NUMBER OF BENEFICIARY:

IS THE PROSPECTIVE IMMIGRANT ALREADY IN THE U.S.? _____

INFORMATION ABOUT FORMS FILED:

THIS APPLICATION IS FOR AN: Non-Immigrant Visa [] Immigrant Visa []

THIS APPLICATION IS FOR AN: Employment-Based Petition [] Family-Based Petition []

TYPES OF APPLICATIONS FILED: _____

DATES APPLICATIONS FILED: _____

PRIORITY DATE (Employment-Based): _____

VISA PREFERENCE CATEGORY: _____

LOCATION OF IMMIGRATION OFFICE, EMBASSY OR CONSULATE WHERE FILED:

SERVICE CENTER RECEIPT #: _____

DEPARTMENT OF STATE CASE #: _____

SIGNATURE: _____ **DATE:** _____

Return to: U.S. Senator John Cornyn
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(972) 239-1310 (Telephone)
(972) 239-2110 (Fax)