



U.S. Senator John Cornyn

Attention: Casework Dept.
517 Senate Hart Office Building
Washington, DC 20510-4305
(972) 239-1310 (Telephone)
(202) 228-6900 (Fax)
casework@cornyn.senate.gov (Email)

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 DESCRIBE YOUR DIFFICULTY ON ANOTHER PAGE AND INCLUDE A COPY OF THE RECEIPT NOTICE FOR YOUR PETITION*****

Information about you:

Are you the petitioner? Yes [] No [] Name: (Mr./Mrs. Ms.) _____

Telephone Number: _____ Email: _____

Address: _____

Date and Place of Birth: _____

Alien registration /A #: _____ Date and Place of Naturalization (if applicable): _____

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, Present address, telephone number, Alien No. (if available), and Passport Number]

Is the prospective immigrant already in the U.S.? Yes [] No []

Dates Applications Filed: _____

Priority Date: _____ Visa Preference Category: _____

Location of immigration office, Embassy, or Consulate where filed: _____

Service Center Receipt Number(s): _____

Department of State Case Number(s): _____

SIGNATURE OF PETITIONER/APPLICANT: _____

SIGNATURE OF BENEFICIARY: _____

DATE: _____

Electronic signature not accepted

*** PLEASE COMPLETE THIS ADDITIONAL PAGE IF YOU WOULD LIKE SENATOR CORNYN TO INQUIRE WITH USCIS - IF YOUR DIFFICULTIES ARE ONLY REGARDING THE STATE DEPARTMENT (INCLUDING A UNITED STATES EMBASSY, CONSULATE, OR THE NATIONAL VISA CENTER) DO NOT COMPLETE THIS SIDE ***



Privacy Release

Member of Congress: _____

Petitioner/Applicant:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

Beneficiary:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

USCIS receipt number or tracking number (no Social Security numbers): _____

Date of filing: _____

Place of filing: _____

Form type(s) – check all that apply:

- G-639 I-90 I-129 I-129F I-130 I-131 I-140 I-212 I-290B I-360
- I-485 I-526 I-539 I-589 I-590 I-600A I-600 I-601 I-612 I-690
- I-730 I-751 I-765 I-821 I-824 I-829 I-914 (Supplement A, B, or C)
- I-918 I-924 I-929 N-400 N-600 N-565 N-644 Other: _____

Staff Member (print): _____ Phone: _____

Email: _____

Section below to be completed by the person who is the subject of the records:

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, (print your name) _____, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Senator/Representative _____ and the Member's staff.

Signature (sign in ink): _____ Date: _____

Electronic signature not accepted