



# 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:** \_\_\_\_\_

\*\*\* 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: \_\_\_\_\_

Have you requested assistance from another congressional office? YES  NO

If yes, which one? \_\_\_\_\_ Did you receive a response? YES  NO

**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: \_\_\_\_\_