Congressional Inquiry/Privacy Act Release Form

U.S. Citizenship and Immigration Service
U.S. Department of Homeland Security
National Visa Center
U.S. Department of State

Return to: Congressman Adam Kinzinger
628 Columbus Street, Suite 507
Ottawa, IL 61350
Fax: 815-431-9383

Petitioner/Applicant:
Name:_____ ( )Male ( )Female

Date of birth:_____ Country of birth:_____ Alien Registration # (if any) _____

( )Check if you have changed your address since filing your application. **(Please provide copy of AR-11)**

Address: Street:_____

City:_____ Zip Code:_____ Phone:_____

E-mail address:_____

Type of Application:_____ **Case Number**:_____

Date of filing:_____ Place of filing:_____

Beneficiary:
Name:_____ ( )Male ( )Female

Date of birth:_____ Country of birth:_____ Alien Registration # (if any) _____

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, DHS, the National Visa Center, Department of State or any Government Agency involved with my case, to release information contained in my records as relevant to checking my case status, and to the extent permitted by law to Congressman Adam Kinzinger and his staff.

Signature(sign in ink):_____ Date:_____

Brief description of the issue (if you need more space, please attach a separate sheet):_____

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