



Dr. Michael C. Burgess

United States Congressman

Representing Texas' 26th District

Request for Congressional Inquiry with the U.S. Citizenship and Immigration Services (USCIS)

The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I must have your written authorization before I can obtain a response regarding the Request for Congressional Inquiry on your behalf. USCIS also requires the "Release" to meet Executive Order 13768. The section below must be completed by the person who is the subject of the records. USCIS will not accept a privacy release if it names anyone other than the subject of the records; if additional parties are named, the release of information will be rejected. Each family member must sign a separate release form, including minors. Ages 14 and above must sign the form. Under 14 may be signed by the parent. All signatures must match what was put on the USCIS form at the time of filing.

I hereby authorize the release of any and all information from any federal agency pertaining to my case to Congressman Michael C. Burgess, M.D. and/or any member of his staff. 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.

Signature of Person Who is the Subject of the Records

Date

***Digital Signatures are not acceptable

Please fill out the remaining information completely and clearly. An additional letter can also be attached if you would like to submit with the inquiry to USCIS. Page 2 of this form will not be submitted with the Congressional Inquiry. It is retained for Office purposes only. Please send it to my Lake Dallas office listed at the bottom of page 2 of this form:

Name of Petitioner (person filing application-only complete if applicable):

Status of Petitioner: Citizen Lawful Permanent Resident Naturalized Citizen Other:

Current Address: Email:

City/State/Zip Code:

Telephone: (home) (work) (mobile)

Date of Birth: Country of Birth: Alien Registration No. (If applicable)

Name of Beneficiary (person for whom you are applying-only complete if applicable):

Is she/he currently in the U.S.? Current Address:

City/State/Zip Code/Country:

Telephone: (home) (work) (mobile)

Date of Birth: Country of Birth: Passport No.:

Receipt No.: Alien Registration No. Priority Date:

Forms types pending - check all that apply:

I-90 I-129 (circle-H-1B,E,L,O,P,Q,R,F,T,U,Other-) I-130 I-131 I-140 I-212

I-360 I-485 I-539 I-600A I-600 I-601 I-751 I-765 N-400 N-600 N-565

Date Filed: Do you have a receipt, canceled check, or money order? Yes No

Location where petition currently pending (PLEASE ATTACH USCIS NOTICES):

Dallas District Office Texas Service Center California Service Center Nebraska Service Center

Vermont Service Center Nation Benefits Center Other:

FOR OFFICE USE - CONGRESSMAN MICHAEL C. BURGESS, M.D.

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Description of the Problem:

See Description Below

See Attached Letter

The Outcome/Resolution Seeking:

See Description Below

See Attached Letter

Should you desire information regarding this inquiry be shared with another individual, please name that person and complete the following information:

I authorize the release of information for this inquiry to: _____
Name of your spouse, family member, or trusted friend

Signature of Individual Requesting Inquiry: _____
Date

Lake Dallas District Office
2000 S. Stemmons Freeway, Suite 200
Lake Dallas, Texas 75065
(940) 497-5031 (office)
(940) 497-5067 (fax)