ALCEE L. HASTINGS 20TH CONGRESSIONAL DISTRICT FLORIDA

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Congress of the United States House of Representatives Washington, DC 20515-0923

PLEASE RESPOND TO:

2353 Rayburn Building Washington, DC 20515-0923 Telephone: (202) 225-1313 Fax: (202) 225-1171

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IMMIGRATION PRIVACY RELEASE FORM

**For Immigration Inquiries Only **

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby authorize appropriate USCIS to release information about me and relevant to this inquiry to Congressman Alcee L. Hastings.

Name: Mr./Ms./Mrs./Miss	/Dr		
		State; Zip C	
Contact:	Home:		
		\(\frac{1}{2}\)	
Date of Birth:	II.		
Country of Birth:			
Are you a Veteran?	Yes / No	If Yes, Veterans Number:	
Are you a Citizen?	Yes / No	If No. Alien Number:	

(Continued on Reverse)

Place of filing: 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: 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 thi 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)	USCIS recei									
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