

ALCEE L. HASTINGS
20TH CONGRESSIONAL DISTRICT
FLORIDA

COMMITTEE ON RULES
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FLORIDA DELEGATION
DEAN & CO-CHAIRMAN
SENIOR DEMOCRATIC WHIP



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

PLEASE RESPOND TO:

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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. _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact: Home: _____

Work: _____

Cell: _____

Email: _____

Please state the problem: (attach additional sheets if necessary)

Date of Birth: _____

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)



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

Date of filing: _____ Place of filing: _____

Form type(s) – Circle 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: _____

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 Congressman Alcee L. Hastings and the Member's staff.

Signature (sign in ink): _____ Date: _____