



IMMIGRATION PRIVACY RELEASE FORM

U.S. SENATOR MITCH McCONNELL

601 West Broadway, Suite 630

Louisville, Kentucky 40202

Telephone: (502) 582-6304

Fax: (502) 582-5326

PLEASE COMPLETE ALL SECTIONS THAT APPLY TO YOUR CASE

Date: _____

Title: _____ (Example: Dr., Mr., Mrs., Ms.)

Name: _____

Street Address: _____ Apt/Suite #: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: (____) _____ Secondary Phone #: (____) _____

Email Address: _____

SECTION A:

Petitioner/Applicant Name: _____ Date of Birth: _____

Alien Registration #: _____ Place of Birth: _____

Relationship to Beneficiary: _____ (Example: mother, father, sister, brother, spouse, child, etc.)

Beneficiary's Name: _____

Alien Registration #: _____

Country of Birth: _____ Date of Birth: (MM/DD/YYYY) _____

Petition/Application filed: Please circle all that apply

I-90	I-140	I-526	I-600A	I-751	I-918	N-400
I-129	I-212	I-539	I-601	I-765	I-924	N-600
I-129F	I-290B	I-589	I-612	I-821	I-929	N-565
I-130	I-360	I-590	I-690	I-829		N-644
I-131	I-485	I-600	I-730	I-914		Other: _____

*If you have filed an I-140 petition, please include the priority date: _____

USCIS Receipt Number: _____

*If you have more than one receipt number, please provide a copy of each Receipt Notice

SECTION B:

Complete the following if your case is being processed at the **NATIONAL VISA CENTER:**

State Department Case #: _____

Visa Preference Category: _____ Priority Date: _____

Chargeability area: _____

(Example: CHINA-mainland born, EL SALVADOR, GUATEMALA, HONDURAS, INDIA, MEXICO, or PHILIPPINES)

SECTION C:

Complete the following if your case is being processed at a **U.S. EMBASSY or U.S. CONSULATE:**

Embassy or Consulate location (City and Country): _____

Case Number: _____ Interview Date: _____

Passport #: _____

SECTION D:

Please provide a detailed description of the issue you are having and your efforts to resolve the matter:

SIGNATURE:

I am aware that the Privacy Act of 1974 may prohibit the release of information in my file or on my case without my approval.

I hereby authorize U.S. Senator Mitch McConnell and his designated staff to make inquiries and obtain information on my behalf. This authorization is good until such time as a final decision is made on my case and there is no further administrative appeals available to me.

I certify, under penalty of perjury, that 1) I have provided or authorized all of the information in this privacy release and any other document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and information submitted with it; 3) all of this information is complete, true and correct.

Signature: _____ Date: _____