



## IMMIGRATION PRIVACY RELEASE FORM

**U.S. SENATOR MITCH McCONNELL**

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Louisville, Kentucky 40202

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### 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:

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**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: \_\_\_\_\_