

SALUD O. CARBAJAL
24TH DISTRICT, CALIFORNIA

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

Office of Congressman Salud Carbajal
Constituent Privacy Release

Member of Congress: Rep. Salud Carbajal

Petitioner/Applicant:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

Beneficiary:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

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

Date of filing: _____

Place of filing: _____

Form type(s) – check all that apply:

☐ G-639 ☐ I-90 ☐ I-129F ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-212 ☐ I-290B ☐ I-360 ☐ I-192
☐ I-485 ☐ I-526 ☐ I-539 ☐ I-589 ☐ I-590 ☐ I-600 ☐ I-600A ☐ I-601 ☐ I-612 ☐ I-690
☐ I-730 ☐ I-751 ☐ I-765 ☐ I-821 ☐ I-824 ☐ I-914 (Supplement A,B or C)
☐ I-918 ☐ I-924 ☐ I-919 ☐ N-400 ☐ N-600 ☐ N-565 ☐ N-644 ☐ Other:

Brief description of the issue (if you need more space, attach a separate sheet):

Staff Member (print): _____ Phone: _____

Email: _____

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

Representative Salud Carbajal _____ and the Member's staff.

Signature (sign in ink): _____ Date: _____

Address: _____

Phone: _____ Email: _____