

Office of Congressman Glenn Grothman

Privacy Release Form

Authorization in Accordance with the 1974 Privacy Act

Member of Congress:				
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 trac	king number (no SS	A numbers)		
Date of filing	Place of fil	ling		
Have you contacted any other or	fficial regarding this o	ease? Yes No	·	
If so, which elected official did	you contact?			
Form type(s) – check all that a	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-600 I-60	00A 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	I-565	

Please describe the specific information you are requesting or the exact nature of the problem you are experiencing. Include copies of any information. DO NOT SEND ORIGINALS

Staff Member (print)		Phone	
Email:			
Section below to be comp	leted by the person w	ho is the subject of the record	s:
privacy release and any do	cument submitted with ny privacy release and	ded or authorized all of the informati; 2) I reviewed and understand submitted with it; and 3) all of the	d all of the
		, authorize USelevant to checking my case statu	
Signature (sing in ink)		Date	
Address:			
Phone:	Email:		
Please return this form to:	Congressman Glenn 525 North Peters Av Fond du Lac, WI 549	enue, Suite 700	

Phone: (920) 907-0624 Fax: (920) 907-0763