



# 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 tracking number** (no SSA numbers) \_\_\_\_\_

Date of filing \_\_\_\_\_ Place of filing \_\_\_\_\_

Have you contacted any other official regarding this case? Yes \_\_\_ No \_\_\_

If so, which elected official did you contact? \_\_\_\_\_

**Form type(s) – check 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-600 \_\_\_ I-600A \_\_\_ 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 \_\_\_

**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**

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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 \_\_\_\_\_ and the Member's staff.

Signature (sing in ink) \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form to: Congressman Glenn Grothman  
24 West Pioneer Road  
Fond du Lac, WI 54935-6139  
Phone: (920) 907-0624  
Fax: (920) 907-0763