

# Privacy Act Release Form

The Privacy Act of 1974 (5 U.S.C. § 552a) requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. Please fill out this form so the Office of Congressman Auchincloss can assist you in the matter(s) listed below.

**NOTE:** Members of Congress and their staff cannot order a federal agency to expedite your case or decide a matter in your favor. Our office, however, may be able to help you get a prompt response and resolution.

**Please complete all required fields indicated with a red asterisk and submit a copy of your I-797.**

**Member of Congress:** Congressman Jake Auchincloss

Staff member: Stephanie Gray Phone: 508-431-1110

Email: stephanie.gray@mail.house.gov

**Petitioner/Applicant:**

Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Alien number: \_\_\_\_\_ Country of Birth\*: \_\_\_\_\_

**Beneficiary** (only if applicable, as in a family or fiancé visa application):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**USCIS receipt number or tracking number (no SSNs)\*:** \_\_\_\_\_

**USCIS processing center\*:** \_\_\_\_\_

**Form/application type\*:** \_\_\_\_\_

Date of filing: \_\_\_\_\_

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

**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 Congressman Jake Auchincloss and members of his staff.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

**Current Residential Address (Do not list a PO Box):**

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

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

**Translator Certification** *(If privacy release or any of the supplemental information has been translated.)*

I certify, under penalty of perjury, that I am fluent in English and \_\_\_\_\_, and that my translation of the privacy release and any foreign language documents submitted with this inquiry are complete and accurate.

Translator name (print): \_\_\_\_\_

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_