



**OFFICE OF CONGRESSMAN F. JAMES SENSENBRENNER, JR.
FIFTH DISTRICT OF WISCONSIN
PRIVACY ACT RELEASE**



**US CITIZENSHIP AND IMMIGRATION SERVICE
US DEPARTMENT OF STATE
(For all immigrant and nonimmigrant visas)**

(Please indicate Mr. , Ms. , Mrs.)

Constituent Name: _____ **Address:** _____

Phone Number: _____ **City:** _____

Email: _____ **State:** _____ **Zip:** _____

Please complete all applicable information:

Name of Beneficiary: _____ **Petitioner:** _____

Alien #: _____ **Visa Application Type or Case #:** _____

D.O.B.: _____ **Receipt #:** _____

Country of Birth: _____ **Receipt Date / Priority Date:** _____

Passport Number: _____ **Interview Date:** _____

Other Members of Congress Contacted: _____

I hereby authorize USCIS and the Department of State to release all relevant portions of my records or relevant information pertaining to the problems involved, to Congressman F. James Sensenbrenner Jr., or his staff, until the matter has been resolved. Please note, authorization must be provided by the individual who owns the visa application or petition.

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.

Signature: _____ **Date:** _____

Describe Problem:

Please attach a letter explaining why you are seeking assistance and provide relevant documentation, if necessary.

Please complete and mail or fax this form to:
Congressman Jim Sensenbrenner
120 Bishops Way, Suite 154
Brookfield, WI 53005
Fax (262) 784-9437

Please contact my District Office in Brookfield at (262) 784-1111 or (800) 242-1119