

CONGRESSMAN EMANUEL  
**CLEAVER, II**



**REQUEST FOR ASSISTANCE/PRIVACY ACT RELEASE FORM**

Pursuant to the Privacy Act of 1974, I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to Congressman Emanuel Cleaver, II

Petitioner  Beneficiary

Full Name: \_\_\_\_\_

Alien Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

USCIS Receipt/Tracking #: \_\_\_\_\_ Date of filing: \_\_\_\_\_ Place of filing: \_\_\_\_\_

Names of individual(s) included in your case: \_\_\_\_\_

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-600A  I-600  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  N-644  
 Other: \_\_\_\_\_

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR REQUEST FOR ASSISTANCE AND ATTACH COPIES OF PAPERWORK RELATED TO THE ISSUE:

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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 Emanuel Cleaver, II and the Member's staff.

Signature (Electronic Signatures not accepted) \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS FORM TO CONGRESSMAN EMANUEL CLEAVER, II AT:

101 West 31<sup>st</sup> Street  
Kansas City, MO 64108  
(816) 842-4545 (Phone)  
(816) 471-5215 (Fax)

211 West Maple Ave  
Independence, MO 64050  
(816) 833-4545 (Phone)  
(816) 833-2991 (Fax)

1923 Main Street  
Higginsville, MO 64037  
(816) 584-7373 (Phone)  
(816) 584-7227 (Fax)