

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:

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:

4001 Blue Pkwy Suite 210
Kansas City, MO 64130
(816) 842-4545 (Phone)
(816) 833-2991 (Fax)

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

1923 Main Street
Higginsville, MO 64037
(660) 584-7373 (Phone)
(660) 584-7227 (Fax)