



CONGRESSMAN Anthony Gonzalez

Representing the 16th District Of Ohio
Privacy: Act Release Form

I give permission to Congressman Anthony Gonzalez and his staff to make any and all necessary inquiries on my behalf to your agency, per the Privacy Act of 1974. I hereby authorize you to release all relevant records and information pertaining to my case to Congressman Gonzalez and his staff.

Petitioner/Applicant:

Name: _____ Date of Birth: _____ Country of Birth: _____

Alien Number (If any): _____ Phone Number: _____

Address: _____ Apt. /Suite: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

E-mail Address: _____

Beneficiary:

Name: _____ Date of Birth: _____ Country of Birth: _____

Alien Number (if any): _____ USCIS Receipt/Tracking Number: _____

Date of Filing: _____ Place of Filing: _____

Please explain the nature of the problem or issue you are experiencing and attach any correspondence which supports your statement or which relates to your case (If necessary, use additional paper).

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: _____

Signature: _____ **Date:** _____

(Made under penalty of perjury by the subject of the records, even if outside the United States, per 28 U.S.C §1748)

Please return the completed form and any relevant information to:
Congressman Anthony Gonzalez
13477 Prospect Road, Suite 212 Strongsville, Ohio 44149
Fax: _____ Phone: (440) 783-3696