

U.S. Senator Jacky Rosen

Privacy Release Form

The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by federal agencies. Any information that a federal agency has on file regarding your dealings with the United States government may not, with a few exceptions, be given to another agency or Member of Congress without your written permission.

To Whom It May Concern:

I hereby request the assistance of the Office of United States Senator Jacky Rosen to resolve the matter described on the next page(s). I authorize Senator Jacky Rosen and her staff to receive any information they may need to provide this assistance. The information I have provided to Senator Jacky Rosen is true and accurate to the best of my knowledge and belief. The assistance I have requested from Senator Rosen's office is in no way an attempt to evade or violate any federal, state, or local law.

Signature: _					Date	e:/
		CONTACT INFORMATION (PLEASE PRINT)				
□ Mr.	\square Mrs.	\square Ms.	□ Dr.			
Full Name: _						
Address:						
City:						
Date of Birth:/				Cell Phone:		
Social Security Number:				Home Phone:		
Email Address:				Work Phone:		
I prefer to be	contacted b	oy:				
☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Email						
Have you con	tacted other	r Congressio	nal or Senate o	ffices about thi	is issue? □Yes	\Box No
If yes, who ha	ive you cont	tacted?				
☐ U.S. Senato	r Cortez Ma	sto \square	Congresswoma	n Dina Titus	□ Congresswom	an Susie Lee
		ongressman l	Mark Amodei	□ Congress	sman Steven Horsfor	rd

BRIEF DESCRIPTION OF THE PROBLEM: SOCIAL SECURITY ISSUE: Type of Claim Filed Has the claim been denied? \Box Yes \square No Office you are dealing with: **IMMIGRATION ISSUE:** Receipt Number: _____ Name of Beneficiary: Type of Petition: Alien Number: A- _____ **Date of Birth:** ____/___/ Place of Birth: Consulate Involved: **Current Immigration Status:** ______, authorize USCIS to release I, (print your name) _____ information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Senator Jacky Rosen and her staff. Signature (sign in ink): ______ Date: _____

PLEASE PRINT, SIGN AND RETURN THIS FORM TO:

Las Vegas

8930 West Sunset Road, Suite 230 Las Vegas, Nevada 89148 SNV.CS@rosen.senate.gov Reno

400 South Virginia Street, Suite 738 Reno, Nevada 89501 NNV.CS@rosen.senate.gov