



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:** ____/____/____

CONTACT INFORMATION (PLEASE PRINT)

Mr. Mrs. Ms. Dr.

Full Name: _____

Address: _____

City: _____ **Zip Code:** _____

Date of Birth: ____/____/____ **Cell Phone:** _____

Social Security Number: ____-____-____ **Home Phone:** _____

Email Address: _____ **Work Phone:** _____

I prefer to be contacted by:

Home Phone Cell Phone Work Phone Email

Have you contacted other Congressional or Senate offices about this issue? Yes No

If yes, who have you contacted?

U.S. Senator Cortez Masto Congresswoman Dina Titus Congresswoman Susie Lee
 Congressman Mark Amodei Congressman Steven Horsford

BRIEF DESCRIPTION OF THE PROBLEM:

SOCIAL SECURITY ISSUE:

Type of Claim Filed _____
Has the claim been denied? Yes No
Office you are dealing with: _____

IMMIGRATION ISSUE:

Receipt Number: _____ Name of Beneficiary: _____
Alien Number: A- _____ Type of Petition: _____
Place of Birth: _____ Date of Birth: ____/____/____

Consulate Involved: _____
Current Immigration Status: _____

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 Senator Jacky Rosen and her staff.

Signature (sign in ink): _____ Date: _____

PLEASE PRINT, SIGN AND RETURN THIS FORM TO:

Las Vegas
333 Las Vegas Blvd. South, Suite 8203
Las Vegas, Nevada 89101
P: 702-388-0205
F: 702-388-0321
SNV.CS@rosen.senate.gov

Reno
400 South Virginia Street, Suite 738
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