



# U.S. Senator Jacky Rosen

## Immigration Privacy Release Form

### CONTACT INFORMATION – Petitioner & Beneficiary

#### Petitioner/Applicant:

Mr.       Mrs.       Ms.       Mx.       Dr.

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

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

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

Phone Number: \_\_\_\_\_

#### Beneficiary:

Mr.       Mrs.       Ms.       Mx.       Dr.

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Birth: \_\_\_\_\_

Alien Number (if any): \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Type of Petition: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Embassy involved: \_\_\_\_\_

Current Immigration Status: \_\_\_\_\_

**If applicable:** I authorize Senator Rosen’s office to communicate information about my case with the following family members, friends, or other individuals: \_\_\_\_\_

#### **Please select form type:**

I-90  I-129  I-129F  I-130  I-131  I-140  I-212  I-290B  I-485  I-526  I-539  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  Other: \_\_\_\_\_

**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:**

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 ordinarily may not, with a few exceptions, be given to another agency or Member of Congress without your written permission.

I hereby request the assistance of the Office of United States Senator Jacky Rosen to resolve the matter described on this form. I authorize Senator Jacky Rosen and her staff to receive any information regarding this assistance. The information I have provided to the Office of United States 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.

Although our office cannot guarantee a particular outcome, we will do our best to help you receive a fair and timely response regarding your problem. Additionally, my office is unable to offer legal advice or recommend a particular attorney.

**I, (print your name) \_\_\_\_\_, authorize USCIS to release information contained in my USCIS records to the extent permitted by law to Senator Jacky Rosen and her staff.**

**Signature (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  
Reno, Nevada 89501  
P: 775-337-0110  
F: 775-337-0260  
NNV.CS@rosen.senate.gov