

## U.S. Senator Jacky Rosen Immigration Privacy Release Form

Petitioner & Beneficiary Contact Information:										
Petitioner/Applic	cant:									
Mr.	Mrs.	Ms.		Mx.	Ι	Or.				
Full Legal Name:										
Address:										
Email Address:						Phone Nur	nber:			
Country of Birth:					Date o	of Birth:	//			
Beneficiary:										
Mr.	Mrs.	Ms.		Mx.	Ι	Or.				
Full Legal Name:										
Date of Birth:	//					Country of	Birth: _			
Alien Number (if	any):					Receipt Nu	ımber:			
Type of Petition:										
Interview Date: _										
Interview Date:/ Embassy involved:  Current Immigration Status:										
Please Select Fo	orm Type:									
I-90 I-129	L 120E	I-130	I 121	I 140	I 212	I 200D	I 105	1.526	1.520	1.500
I-600A I-6	I-129F 00 I-601	I-612	I-131 I-690	I-140 I-730	I-212 I-751	I-290B I-765	I-485 I-821		I-539 I-829	I-590 I-914
(Supplement A, B							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 Cor			ngresswoman Dina Titus				Congresswoman Susie Lee			
Congressman Mark Amodei					Congressman Steven Horsford					

Brief Description of the Problem:	
information by federal agencies. Any information that a federal States government ordinarily may not, with a few exceptions, l	
* *	s Senator Jacky Rosen to resolve the matter described on this
form. I authorize Senator Jacky Rosen and her staff to receive	· ·
I have provided to the Office of United States Senator Jacky R	· · · · · · · · · · · · · · · · · · ·
belief. The assistance I have requested from Senator Rosen's of	file is in no way an attempt to evade or violate any lederal,
state, or local law.	we will do our best to halp you receive a fair and timely
response regarding your problem. Additionally, my office is una	e, we will do our best to help you receive a fair and timely
response regarding your problem. Additionally, my office is una	ore to orier legar advice or recommend a particular attorney.
I certify, under penalty of perjury, that 1) I provided or aut any document submitted with it; 2) I reviewed and understa and submitted with it; and 3) all of this information is comp	nd all of the information contained in my privacy release
I, (print your name) contained in my USCIS records to the extent permitted by l	, authorize USCIS to release information
contained in my USCIS records to the extent permitted by I	aw to Senator Jacky Rosen and her staff.
Signature (in ink):	Date:
Please Print, Sign and Return this Form to:	
Las Vegas	Reno
333 Las Vegas Blvd. South, Suite 8203	400 South Virginia Street, Suite 738
Las Vegas, Nevada 89101	Reno, Nevada 89501
P: 702-388-0205	P: 775-337-0110
F· 702-380-0947	F· 775-337-0260

SNV.CS@rosen.senate.gov

NNV.CS@rosen.senate.gov