

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

Petitioner & Beneficiary Contact Information:									
Petitioner/Applicant:									
Mr.	Mrs.	Ms.	Mx.	Dr.					
Full Legal Name:									
Address:									
Email Address:				Phone N	umber:				
Country of Birth:			-	Date of E	Birth:	//	_		
Beneficiary:									
Mr.	Mrs.	Ms.	Mx.	Dr.					
Full Legal Name:									
Date of Birth:				Country	of Birth:				
Alien Number (if									
Type of Petition:									
Interview Date:									
micrylew Bate				Linoussy	mvorved.				
Please Select Fo	orm Type:								
	7 = J p 0 v								
I-90 I-129		-130 I-131		-212 I-290H			I-539	I-590	
I-600A I-60		I-612 I-690		I-751 I-765				I-914	
(Supplement A, B	, or C) 1-918	5 1-924 1-9	929 N-40	U 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 Co			ongresswoman Dina Titus			Congresswoman Susie Lee			
Congressman Mark Amodei				Congressman Steven Horsford					

<b>Brief Description of the Problem:</b>						
information by federal agencies. Any information that a federa States government ordinarily may not, with a few exceptions,						
your written permission.  I hereby request the assistance of the Office of United State	es 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 I	• •					
belief. The assistance I have requested from Senator Rosen's o	•					
state, or local law.						
Although our office cannot guarantee a particular outcom	e, we will do our best to help you receive a fair and timely					
sponse regarding your problem. Additionally, my office is unable to offer legal 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 compared to the compared to	and all of the information contained in my privacy release					
I, (print your name)	, authorize USCIS to release information					
I, (print your name) contained in my USCIS records to the extent permitted by	law to Senator Jacky Rosen and her staff.					
Sign of the india	Data					
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 F: 702-380-0947	P: 775-337-0110 F: 775-337-0260					
F /U/= 20U-U94 /	E //J-33/-U/DU					

 $\underline{SNV.CS@rosen.senate.gov}$ 

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