

For non-immigration related matters, please complete our [Privacy Release Form](#)



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 Number: _____

Country of Birth: _____ Date of Birth: ____/____/____

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: _____

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 certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

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: 702-380-0947
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