

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: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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](mailto: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](mailto:NNV.CS@rosen.senate.gov)