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## Congress of the United States

House of Representatives Washington, DC 20515–5301 FOREIGN AFFAIRS
HOUSE COMMITTEE ON

HOUSE COMMITTEE ON

HOUSE COMMITTEE ON ARMED SERVICES

HOUSE COMMITTEE ON EDUCATION & WORKFORCE

## IMMIGRATION ISSUE PRIVACY ACT RELEASE FORM

The Privacy Act of 1974 requires written consent from the individual/constituent before Congressman James C. Moylan can obtain information from government agencies on your behalf. Please complete and sign this form and return it to our office.

| Name:                        |                                  | Alien Number (if any):  |
|------------------------------|----------------------------------|---|
| Address:                     |                                  | USCIS Receipt #:  |
| City:                        | State: Zip:                      | Receipt Date:   |
| Phone:                       | Work/Cell:                       | Beneficiary (if applicable):  |
| Email:                       |                                  | Beneficiary Place of Birth:   |
| Place of Birth:              |                                  | Beneficiary Date of Birth://  |
|                              |                                  |   |
| Form Ty                      | pe(s)—Check all that apply:      |   |
| 0 I-<br>0 I-<br>0 I-<br>0 I- | 212                              | ○ I-129F       ○ I-130       ○ I-131       ○ I-140         ○ I-485       ○ I-526       ○ I-539       ○ I-589         ○ I-601       ○ I-612       ○ I-690       ○ I-730         ○ I-824       ○ I-829       ○ I-864       ○ I-864A         ○ I-914 Supplemental B       ○ N-914 Supplement C         ○ N-400       ○ N-600       ○ N-565       ○ N-644 |
| Have you contacto            | ed any other elected official to | assist you with your issue(s) or concern(s)? Yes No   |
| If yes, who have ye          | ou contacted?                    |   |
| Are you currently            | wworking with an attorney? Y     | esNo May we contact them? YesNo   |
| Attorney Name:               |                                  | Attorney Phone:   |
| Please be su                 |                                  | cplaining your situation in addition to photocopies of any that is relevant to your case.   |
| submitted with it; 2) I      |                                  | authorized all of the information in this privacy release and any document formation contained in my privacy release and submitted with it; and 3) all of   |
| status, and to Congress      |                                  | on contained in my USCIS/DOS records as relevant to checking my case which under the Privacy Act of 1974, cannot be released without my written ion protected by statute.   |
| Signature                    |                                  | Date  |