



## Privacy Release

**Member of Congress:** SENATOR ADAM B. SCHIFF

Staff Member (print): Qiao Li

Please return the form to:  
Office of Senator Adam B. Schiff  
4111 W. Alameda Ave., Suite 608, Burbank, CA 91505

You can also complete the form online: <https://www.schiff.senate.gov/services/help-with-a-federal-agency/>

### Petitioner/Applicant:

Dr. \_\_\_\_ Ms. \_\_\_\_ Mrs. \_\_\_\_ Mr. \_\_\_\_ Mx. \_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Beneficiary:

Dr. \_\_\_\_ Ms. \_\_\_\_ Mrs. \_\_\_\_ Mr. \_\_\_\_ Mx. \_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**USCIS receipt number or tracking number** (no Social Security numbers): \_\_\_\_\_

Date of filing: \_\_\_\_\_ Place of filing: \_\_\_\_\_

**Form type(s) – check all that apply:**

- G-639  I-90  I-129  I-129F  I-130  I-131  I-140  I-212  I-290B  I-360
- I-485  I-526  I-539  I-589  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  N-644  Other: \_\_\_\_\_

**Brief description of the issue (if you need more space, attach a separate sheet):**

**Section below to be completed by the person who is the subject of the records:**

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 as relevant to checking my case status, and to the extent permitted by law, to Senator Adam B. Schiff and his staff.

I understand that I am not required to make payment in any form for services provided by the Office of Senator Adam B. Schiff.

Petitioner Signature (sign in ink): \_\_\_\_\_

Date: \_\_\_\_\_