



**CHUCK FLEISCHMANN
CONGRESS OF THE UNITED STATES
THIRD DISTRICT, TENNESSEE
Immigration Privacy Act Release Form**

Chattanooga District Office

Federal Courthouse
900 Georgia Ave. Suite 126
Chattanooga, TN 37402
Phone: (423) 756-2342
Fax: (423) 756-6613

Petitioner or Applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: Home (if any): _____ Cell: _____ Work: _____

Alien Number (if any): _____ Date of Birth: _____

Place of Birth: _____

Beneficiary:

Name: _____

Alien Number (if any): _____ Date of Birth: _____

Place of Birth: _____

USCIS Receipt Number or Tracking Number: _____

Date of Filing: _____ Place of Filing: _____

Form Type(s)—Circle all that Apply

I-90 I-129 I-129F I-130 I-140 I-190B I-485
I-539 I-765 N-400 N-600 N-565 Other: _____

Brief Description of the Issue (if you need more spaces, attach a separate sheet):

Section below to completed by the person who is subject to 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 Representative Chuck Fleischmann and the Member’s staff.

If applicable, I acknowledge that by signing this release I am knowingly waiving my confidentiality protection under §1367. I permit Rep. Chuck Fleischmann and his staff to be the new custodian of this information

Signature (in ink): _____ Date: _____