



Congressman Mike Pompeo
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Petitioners Name: _____

Date of Birth: _____ SS# _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Beneficiary's Name: _____

Alien Registration Number: _____ Date of Birth: _____

Country of Birth: _____ Passport Number: _____

USCIS Receipt number/ Tracking number: _____

Date of Filing: _____ Place of Filing: _____

Form Type:

G-639	I-140	I-765	I-600/A	I-800/A
I-129	I-360	I-131	I-601	Other:
I-129F	I-485	I-751	N-565	
I-539	I-90	I-824	N-600	
I-130	I-730	I-821	N-400	

Please include a brief description of the issue: _____

Privacy Release: (To be completed by the individual who is the subject of the records.)

To remain in compliance with the Privacy Act as well as DHS policy and regulations, United States Citizenship and Immigration Services (USCIS) may not disclose any information without written consent from the individual who is the subject of the records. **Family members, friends, an attorney, an authorized representative, or other interested parties can not authorize the release of your personal information on your behalf.**

I, _____ grant Representative _____ and his or her staff permission to receive and review any information contained in my USCIS electronic records or paper file.

Signature _____ Date _____