



Office of Representative Delia C. Ramirez

Digital Privacy Release Form

Complete the form below to request help with a Federal Agency. When complete, click Submit to send to our office for assistance.

Please Provide Applicable Identifying Information

Agency Involved: U.S. Citizenship and Immigration Services

Prefix	First Name*	Middle Initial	Last Name*	Suffix
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Date of Birth *

Email Address *	Please Verify Email Address*
<hr/>	<hr/>

Phone Number*	Secondary Phone Number
<hr/>	<hr/>

Address Line 1 or P.O. Box *	Address Line 2	City*
<hr/>	<hr/>	<hr/>

County*	State*	Zip Code*
<hr/>	<hr/>	<hr/>

PETITIONER/APPLICANT INFORMATION

Prefix	Applicant First Name*	Middle Initial	Applicant Last Name*	Suffix
_____	_____	_____	_____	_____
Date of Birth *	Country of Birth*	Alien Number		
_____	_____	_____		

BENEFICIARY INFORMATION

Prefix	Beneficiary First Name*	Middle Initial	Beneficiary Last Name*	Suffix
_____	_____	_____	_____	_____
Date of Birth *	Country of Birth*	Alien Number*		
_____	_____	_____		

USCIS Information

Form Types *	USCIS receipt or tracking number * (no Social Security Numbers)	Date of filing
_____	_____	_____
Have you contacted another Congressional office? *		
<input type="checkbox"/> Yes	Which office? _____	When? _____
		<input type="checkbox"/> No

YOUR REQUEST

Please explain the problem and the resolution/outcome you are seeking: *

Constituent Authorization

To be able to assist you, we must have a signed privacy release form that clearly outlines your problem and the remedy you are seeking. By checking the box below you are giving our office permission to look into the matter on your behalf. Please make sure to attach below any relevant identifying information and supporting documents which relate to your inquiry.

____ I hereby request the assistance of the Office of Representative Delia C. Ramirez to resolve the matter described below. I authorize the Office of Representative Delia C. Ramirez to receive any information that they might need to provide this assistance. The information I have provided to the Office of Representative Delia C. Ramirez is true and accurate to the best of my knowledge and belief. The assistance I have requested from the Office of Representative Delia C. Ramirez is in no way an attempt to evade or violate any federal, state, or local law.

____ I am filling out this form for myself only, not family, friends, or others.

Signature

Date