PRIVACY ACT RELEASE FORM

PLEASE PRINT CLEARLY

INSTRUCTIONS

· Read all instructions carefully before completing application.
· If any part of the application is left blank, it will not be processed.
· Ensure Eligibility – Cases are not taken from lawyers. See below for immigration cases.

Mr. /Mrs. /Ms. Full Name: _____ **Nick Name:** _____

Address of Residence: _____

City/State/Zip: _____ **County:** _____

Phone #: Home: (___) _____ **Work: (___)** _____ **Cell: (___)** _____

Email Address: _____

Please send completed forms to: Congressman John Culberson

10000 Memorial Drive, Suite 620
Houston, Texas 77024-3490
Fax: 713.680.8070

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code) permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Rep. John Culberson to make inquiries to the appropriate officials on your behalf.

To begin your inquiry, provide all pertinent information (if immigration, see below):

Federal Agency Involved: _____

Social Security Number: _____ **Date of Birth:** _____

Other Numbers Identifying your claim: _____

This section is for immigration casework only:

Alien #: A_____ **Date of Birth:** _____

Please Check One: **Citizenship & Immigration Services (CIS)** **Department Of State (DOS)**

Receipt #: _____

Immigration – Petitioner's Name: _____

Beneficiary's Name: _____

The areas below show who is eligible to petition an immigration claim on behalf of a beneficiary

· Person whose name is on the claim
· Immediate family members and fiancés*
· Employers or potential employers
· Cases are not taken from lawyers

*Immediate Family: Mother, Father, Brother, Sister, Children, Spouse, Grandparents, Step-Parents, Step-Siblings.

Please briefly describe your situation or the information desired. Use the back of this sheet, or attach a separate page, if necessary. Be sure to provide any necessary documentation.

_____

_____

_____

_____

Honest Policy: Please understand that by requesting assistance from my office, you are obligated to provide true and correct information regarding your situation. Failure to disclose all information or any deliberate attempt to mislead me or my staff may result in the termination of assistance.

SIGNATURE: _____ **DATE:** _____