

Please fill out this form so that the office of Senator Murray can assist you in the matter you describe below. Pursuant to Public Law 93-579, the Privacy Act of 1974, our office ordinarily cannot assist individuals in dealing with federal agencies without their express written consent.

SECTION I

Petitioner/Applicant:

Full Name: (Circle: Mr. / Mrs. / Ms.) _____

Date of Birth: _____ Country of Birth: _____

Alien number /USCIS Receipt Number (if any): _____

Address: _____

Email: _____ Phone Number: _____

Beneficiary:

Full Name: (Circle: Mr. / Mrs. / Ms.) _____

Date of Birth: _____ Country of Birth: _____

Alien number /USCIS Receipt Number (if any): _____

Address: _____

Email: _____ Phone Number: _____

Date of filing: _____

Place of filing: _____

Form type(s) – check all that apply:

- | | | | | |
|---|--------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> G-639 | <input type="checkbox"/> I-90 | <input type="checkbox"/> I-129 | <input type="checkbox"/> I-29F | <input type="checkbox"/> I-130 |
| <input type="checkbox"/> I-131 | <input type="checkbox"/> N-140 | <input type="checkbox"/> I-212 | <input type="checkbox"/> I-290B | <input type="checkbox"/> I-360 |
| <input type="checkbox"/> I-485 | <input type="checkbox"/> I-526 | <input type="checkbox"/> I-539 | <input type="checkbox"/> I-589 | <input type="checkbox"/> I-590 |
| <input type="checkbox"/> I-600A | <input type="checkbox"/> I-600 | <input type="checkbox"/> I-601 | <input type="checkbox"/> I-600A | <input type="checkbox"/> I-612 |
| <input type="checkbox"/> I-690 | <input type="checkbox"/> I-730 | <input type="checkbox"/> I-751 | <input type="checkbox"/> I-765 | <input type="checkbox"/> I-821 |
| <input type="checkbox"/> I-824 | <input type="checkbox"/> I-829 | <input type="checkbox"/> I-918 | <input type="checkbox"/> I-924 | <input type="checkbox"/> I-928 |
| <input type="checkbox"/> N-400 | <input type="checkbox"/> N-600 | <input type="checkbox"/> N-565 | <input type="checkbox"/> N-644 | |
| <input type="checkbox"/> I-914 Supplement A/B/C <input type="checkbox"/> OTHER: _____ | | | | |

Have you contacted another congressional office? If so, please specify which office. Please note that duplicate inquiries may cause a delay in your requests.

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Section II

Please provide a brief description of your issue. Please feel free to attach any additional documents.

Staff Member (print): Jose Mariscal-Cruz **Phone:** 206-553-5545 **Email:** casework@murray.senate.gov

Section III

Section must 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 inquiry, and to the extent permitted by law, to Senator Patty Murray and the Member's staff. In addition, I hereby request and authorize the Office of Senator Patty Murray and her staff to assist me related to the matter described above.

By signing, I certify that I am the person named above, and the foregoing information provided is accurate, to the best of my knowledge.

Signature (Petitioner ONLY): _____ Date: _____

You may submit this form electronically by sending it to: casework@murray.senate.gov or via fax or mail below:

Office of U.S. Senator Patty Murray, Seattle
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Seattle, WA 98174
Phone: 206-553-5545 Fax: 206-553-0891