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PROPERTY, AND THE INTERNET
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Congress of the United States
House of Representatives
Washington, DC 20515

ZOE LOFGREN
18TH DISTRICT, CALIFORNIA

PRIVACY ACT RELEASE FORM
FOR CONGRESSIONAL USE ONLY

PLEASE PRINT:

☐ Mr. ☐ Mrs. ☐ Ms.   DISTRICT: _____

Name:

First: _____ M.I. _____ Last: _____

Home Address: _____ Apt #: _____

City: _____ CA   Zip Code: _____

Mailing address (if different than residence): _____

_____

Main Phone #: _____	: _____
Work Phone: _____	Date of Birth (DOB): _____
E-mail: _____	Country of Birth: _____

Please check appropriate box identifying the issue you have.
Please use the back of this form to describe your concern or issue and how our office can help.

☐ HEALTH CARE   ☐ HOUSING   ☐ PASSPORT   ☐ IRS

☐ SOCIAL SECURITY   ☐ VETERANS   ☐ VISITOR VISA   ☐ OTHER _____

☐ IMMIGRATION: (Please circle)   N-400   N-600   I-485   I-130   I-129   Other: _____

Filing Date: _____   Fingerprint Date: _____   Interview Date: _____

A#: _____ USCIS Receipt Number (e.g. WAC #): _____

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, to the best of my knowledge.

I authorize DHS/USCIS to release information contained in my DHS/USCIS records as relevant to checking my case status, and to the extent permitted by law, to Representative Zoe Lofgren and the Member's staff.

Signature: _____   Date: _____

Staff Initials: _____   Case ID: _____

Description of Problem:

1. Have you contacted a federal agency?   ☐ Yes   ☐ No
   If yes, which one?

   _____

2. What is your concern or issue?

   _____

   _____

   _____

   _____

   _____

3. What action would you like our office to take regarding this matter:

   _____

   _____

   _____

   _____