



RAPHAEL WARNOCK

UNITED STATES SENATOR • GEORGIA



USCIS/State Privacy Release Form

Section below to 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/State Department to release information contained in my USCIS/State records as relevant to checking my case status, and to the extent permitted by law, to Senator Raphael Warnock and the Member's staff.

Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____ Place of Birth: _____

Telephone #: _____ Email: _____

Signature: _____ Date: _____

(Signature is required)

Please give a brief description of your problem below:

(include a second sheet if needed)

Please return the signed and completed form to:

**Office of U.S. Senator Raphael Warnock
201 17th Street NW 530
Atlanta, GA 30004
Fax: 770-612-2471**

E-mail: casework@warnock.senate.gov