



# 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)*

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**Please return the signed and completed form to:**

Office of U.S. Senator Raphael Warnock  
201 17th Street NW 530  
Atlanta, GA 30004

E-mail: [casework@warnock.senate.gov](mailto:casework@warnock.senate.gov)