

RICK LARSEN
Second District, Washington State
U.S. House of Representatives

I am requesting assistance from Rep. Rick Larsen and his staff on a personal issue concerning a federal agency.

Name (Petitioner/Applicant): _____

Home Phone: _____ Place of Birth: _____

Date of Birth: _____ Email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Receipt #: _____ Alien Registration #: _____

Passport #: _____ Form Type(s) submitted: _____

Beneficiary (if different than applicant):

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

USCIS receipt number or tracking number (no Social Security numbers): _____

Date of filing: _____

Place of filing: _____

Brief description of your issue (if you need more space, please attach a separate sheet). Feel free to attach relevant documents, copies or other materials to support your claim.

The Privacy Act of 1974 is a Federal law designed to protect you from any unauthorized use and exchange of personal information by Federal agencies.

I understand that by signing, I authorize Rep. Larsen and his staff to receive any information from federal agencies necessary to assist me. I certify, under penalty of perjury that 1) I provided or authorized all the information in this privacy release and any document submitted with it, 2) I reviewed and understand all 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 status, and to the extent permitted by law, to Rep. Rick Larsen and his staff.

Signature: _____ Date: _____

Please sign and return this form to Congressman Larsen's Everett office, ATTN: Casework, to 2930 Wetmore Ave. Suite 9-F, Everett WA, 98201 or by fax to (833) 696-6499