



JOHNNY ISAKSON

UNITED STATES SENATOR · GEORGIA



USCIS 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 to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Senator Johnny Isakson and the Member's staff.

Name: _____

Address: _____

City, State, ZIP Code: _____

Date of Birth: _____ Place of Birth: _____

Telephone #: _____ E-mail: _____

Signature: _____ Date: _____

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR PROBLEM BELOW:

Please return completed form to:

**One Overton Park
3625 Cumberland Boulevard, Suite 970
Atlanta, Georgia 30339
or fax to: 770-661-0768
or email to: casework@isakson.senate.gov**