Consent for Release of Personal Records by US Citizenship and Immigration Services

To whom it may concern: I have sought assistance from Congressman Aaron Schock on a matter that may require release of information maintained by your agency, and which may be prohibited from distribution under the Privacy Act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Schock or any authorized member of his staff.
I authorize Congressman Schock's office to request information on my behalf.

X_____ _____
(Signature) (Date)

Please print legibly:

Name: Last_____ First _____ Middle_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____

E-mail Address: _____

Type of Immigration Application/ Form Number: _____

A-File Number Assigned to Beneficiary: _____ Receipt Number: _____

Gender: ___ Male ___Female

Country of Origin: _____ Date of Birth: _____

Other Names Used: _____

Any Additional Information:
_____
_____
_____
_____

Once completed, please return form to:

Tiffany Tebben
Congressman Aaron Schock
100 NE Monroe St. Rm. 100
Peoria, IL 61602