



**Congressman Mike Pompeo**  
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**Petitioners Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Beneficiary's Name:** \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Passport Number: \_\_\_\_\_

**USCIS Receipt number/ Tracking number:** \_\_\_\_\_

Date of Filing: \_\_\_\_\_ Place of Filing: \_\_\_\_\_

**Form Type:**

G-639		I-140		I-765		I-600/A		I-800/A	
I-129		I-360		I-131		I-601		Other:	
I-129F		I-485		I-751		N-565			
I-539		I-90		I-824		N-600			
I-130		I-730		I-821		N-400			

**Please include a brief description of the issue:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Privacy Release: (To be completed by the individual who is the subject of the records.)**

To remain in compliance with the Privacy Act as well as DHS policy and regulations, United States Citizenship and Immigration Services (USCIS) may not disclose any information without written consent from the individual who is the subject of the records. **Family members, friends, an attorney, an authorized representative, or other interested parties can not authorize the release of your personal information on your behalf.**

I, \_\_\_\_\_ grant Representative \_\_\_\_\_ and his or her staff permission to receive and review any information contained in my USCIS electronic records or paper file.

Signature \_\_\_\_\_ Date \_\_\_\_\_