



**CONGRESSMAN TED DEUTCH (FL-22)**

7900 Glades Road, Suite 250  
Boca Raton, FL 33434  
(561)470-5440 (954)255-8336  
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**IMMIGRATION PRIVACY RELEASE**

**Petitioner/Applicant**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Gender \_\_\_\_\_ Email \_\_\_\_\_

**Beneficiary**

Name of Beneficiary \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Alien Number (if any) \_\_\_\_\_

USCIS Form type \_\_\_\_\_ Receipt Number \_\_\_\_\_

Date of filing \_\_\_\_\_ Place of filing \_\_\_\_\_

**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 Congressman Ted Deutch and his staff.

**Signature (sign in ink)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Brief description of the issue (include relevant documents and attach a separate sheet if you need more space)**

**Congressional Staff:**

**(561)470.5440 or (954)255-8336**