



**CONGRESSMAN JIM COSTA**  
**16<sup>th</sup> Congressional District**

**PRIVACY RELEASE FORM**

Name: \_\_\_\_\_ **Please circle one:** Mr. Mrs. Ms. Miss

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
**(do not fill-in if this is a USCIS case request)**

.....  
Federal Agency(s) you need assistance with: \_\_\_\_\_

**Please only fill-in the below section if it relates to your request for assistance:**

**USCIS:** Alien Registration #: \_\_\_\_\_ USCIS Case #: \_\_\_\_\_

USCIS Form Filed: \_\_\_\_\_ USCIS Office: \_\_\_\_\_

Beneficiary Name on USCIS I-797 receipt form: \_\_\_\_\_

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

**US Embassy:** US Embassy Contacted : \_\_\_\_\_ Embassy Case # \_\_\_\_\_

**Veteran:** VA Case #: \_\_\_\_\_ VA Office: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Years of Service: \_\_\_\_\_ **(for veteran cases – please include copy of DD214)**

**Please explain the problem:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In accordance with the provisions of the Privacy Act and under penalty of perjury, I certify the information in this release and inquiry is true and accurate to the best of my knowledge and, I hereby request the assistance of Congressman Jim Costa in addressing the matter described. I authorize Congressman Costa and his staff to receive any information from above stated federal agency(s) which his office / staff need in order to provide this assistance.

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

Please return signed form along with any additional information to:

**Congressman Jim Costa**

**Attention: Director of Constituent Services**

855 M Street, Suite 940, Fresno, CA 93721

Phone (559) 495-1620 -- Fax: (559) 495-1027

[CostaCasework@mail.house.gov](mailto:CostaCasework@mail.house.gov)