



CONGRESSMAN JIM COSTA
21st 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
2440 Tulare Street, Suite 420, Fresno, CA 93721
Phone (559) 495-1620 -- Fax: (559) 495-1027
CostaCasework@mail.house.gov

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