



CONGRESSMAN JIM COSTA

21st Congressional District

PRIVACY RELEASE FORM

Name: _____ **Please choose one:** Mr. Mrs. Ms. Miss Dr.

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ Country 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 #: _____

Type of USCIS Form Filed: _____ USCIS Office Processing Petition: _____

Beneficiary Name on USCIS I-797 receipt form: _____

Beneficiary Date of Birth: _____ Beneficiary Country of Birth: _____

US Embassy: US Embassy Contacted : _____ Embassy Case # _____

Veteran: VA Case#: _____ VA Office: _____ Branch of Service: _____

Military Dates 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

Attention: Director of Constituent Services
2440 Tulare Street, Suite 420, Fresno, CA 93721

(559) 495-1620 -- Fax: (559) 49