



# Congressman Barry Loudermilk

## Privacy Release Form

**Petitioner/Applicant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Beneficiary:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Petitioner Address:** \_\_\_\_\_

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

Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Would you like to receive Congressman Loudermilk's Newsletter?  Yes

USCIS receipt number or tracking number: \_\_\_\_\_

**Form type(s) - check all that apply.**

- |       |                               |       |        |       |        |                               |        |        |       |
|-------|-------------------------------|-------|--------|-------|--------|-------------------------------|--------|--------|-------|
| G-639 | <input type="checkbox"/> I-90 | I-129 | I-129F | I-130 | I-131  | I-140                         | I-212  | I-290B | I-36  |
| I-485 | I-526                         | I-539 | I-589  | I-590 | I-600A | I-600                         | I-601  | I-612  | I-690 |
| I-730 | I-751                         | I-765 | I-821  | I-824 | I-829  | I-914 (Supplement A, B, or C) |        |        |       |
| I-918 | I-924                         | I-929 | N-400  | N-600 | N-565  | N-644                         | Other: |        |       |

**Statement:** Please put a brief description of the issue below. If you need additional space, attach a separate sheet.

In accordance with the provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby give my consent for information concerning my file to be furnished to my U.S. Representative Barry Loudermilk. I authorize U.S. Representative Loudermilk and the Members staff to receive all pertinent information and to make an inquiry regarding the above described issue. 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.

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

\*Digital signatures cannot be accepted, please sign the form.

Return form by email to: [caseworkgal1@mail.house.gov](mailto:caseworkgal1@mail.house.gov) or by fax/mail to the Cherokee office: 9898 Hwy 92, Suite 100, Woodstock, GA 30188, Phone (770) 429-1776 FAX (770) 517-7427