



Instructions for Completing the USCIS Privacy Act Consent Form

Please read the following for help completing the Privacy Act Consent Form

PETITIONER / APPLICANT: (*Petitioner is a person or entity who files an immigration petition or application on behalf of an immigrant person. Applicant is a person who files an application for a direct immigration benefit.*)

- **Name.** Provide the full legal name as provided to USCIS.
- **Address.** Provide the current address in the spaces provided.
- **Phone.** Provide a daytime telephone number, mobile telephone number (if any).
- **Email.** Provide an email address.
- **Date of Birth.** Provide your date of birth.
- **Country of Birth.** Provide the name of the country where you were born. Provide the name of the country as it was named when you were born, even if the country's name has changed or the country no longer exists.
- **Alien Number (if any).** An Alien Registration Number, otherwise known as an "A-Number," is typically issued to persons who apply for, or are granted, certain immigration benefits. If you were issued an A-Number, type or print it in the space provided. If you do not have an A-Number, or if you cannot remember it, leave this space blank.

BENEFICIARY: (*Beneficiary is a foreign national who is sponsored by a relative or a business for an immigration benefit.*)

- **Name.** Provide the full legal name as provided to USCIS.
- **Date of Birth.** Provide your date of birth.
- **Country of Birth.** Provide the name of the country where you were born. Provide the name of the country as it was named when you were born, even if the country's name has changed or the country no longer exists.
- **Alien Number (if any).** An Alien Registration Number, otherwise known as an "A-Number," is typically issued to persons who apply for, or are granted, certain immigration benefits. If you were issued an A-Number, type or print it in the space provided. If you do not have an A-Number, or if you cannot remember it, leave this space blank.

ADDITIONAL INFORMATION:

- **Receipt or Tracking Number.** Provide the USCIS receipt number that corresponds to any application, petition, or request you filed with USCIS.
- **Date of Filing.** Provide the filing date to any application, petition, or request filed with USCIS.
- **Service Center or Field Office.** Provide the USCIS location which any application, petition, or request was filed with USCIS.
- **Form Type Filed.** Specify the type of application, petition, or request filed with USCIS.

DESCRIPTION:

- In the blank space provided, provide a brief statement of the issue for which you are seeking the office's assistance.

CERTIFICATION & SIGNATURE:

- Your printed name **must** match the information in the Petitioner/Applicant section. The consent requires a 'hand-written' signature. An electronic signature is not valid. If an entity, name and signature of entity's authorized signatory as reflected on the USCIS filings.

OPTIONAL: Privacy Waiver Authorizing Disclosure to a Third Party: (*Third Party is a person or group besides the two primarily involved, such as a parent, spouse, or attorney*)

- Use this form to authorize the Office of US Senator Marco Rubio to disclose information about your case to a third party.
- In accordance with the Privacy Act of 1974 (5 U.S.C. §552a), taking this action is entirely voluntary; you are under no obligation to consent to the release of your information to any third party.

Privacy Act Consent Form — U.S. Citizenship & Immigration Services

In accordance with the provisions of The Privacy Act of 1974 (Public Law 93-579), your written consent is required so that we may contact a federal agency on your behalf. Since e-mails do not contain a valid signature, they do not fulfill the requirements of the law.

- All information must be written in English (Toda la información debe estar en Inglés) (Tout enfòmasyon yo dwe ekri nan lang angle)

- Please print all information legibly

PETITIONER / APPLICANT

Title: (select one) Mr. Ms. Mrs. Other: _____

Name: _____
(First Name) (Middle Name) (Last Name) (Suffix)

Address: _____ City: _____ State: _____

Zip code: _____ Phone: _____ E-mail: _____

Date of Birth: _____ Country of Birth: _____ Alien Number (if any): _____
(mm/dd/yyyy)

BENEFICIARY

Title: (select one) Mr. Ms. Mrs. Other: _____

Name: _____
(First Name) (Middle Name) (Last Name) (Suffix)

Date of Birth: _____ Country of Birth: _____ Alien Number (if any): _____
(mm/dd/yyyy)

ADDITIONAL INFORMATION

Receipt or Tracking Number: _____ Date of Filing: _____

Service Center or Field Office: _____ Form Type Filed: _____

If you have contacted another congressional office to assist you, please list the office: _____

DESCRIPTION

Briefly state your problem and the outcome you are seeking below. If more space is needed, you may continue on a separate sheet.

Please do not simply write "See Attached."

DO NOT LEAVE BLANK

CERTIFICATION & SIGNATURE

The following to be completed by the Petitioner/Applicant:

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 U.S. Senator Marco Rubio and the Member's staff.

Signature (handwritten in ink) _____ Date: _____

Third party signatures, including those of immediate family members, are not acceptable. **Signature must be handwritten in ink.**

PLEASE RETURN THE COMPLETED FORM BY MAIL, FAX, OR E MAIL

Address: U.S. Senator Marco Rubio Phone: (407)254-2573 E-mail: casework@rubio.senate.gov
201 South Orange Avenue, Suite 350 Toll-free: (866) 630-7106 Subject Line: USCIS Assistance
Orlando, Florida 32801 Fax: (844) 762-1556



Privacy Waiver Authorizing Disclosure to a Third Party

Use this form to authorize the Office of U.S. Senator Marco Rubio to disclose information about your case to a third party. Taking this action is entirely voluntary; you are under no obligation to consent to the release of your information to any third party.

- Please print all information legibly

CONTACT & IDENTIFICATION INFORMATION

Title: (select one) Mr. Ms. Mrs. Other: _____

Name: _____
(First Name) (Middle Name) (Last Name) (Suffix)

Address: _____ City: _____ State: _____

Zip code: _____ Phone: _____ Date of Birth: _____
(mm/dd/yyyy)

E-mail: _____

THIRD PARTY AUTHORIZED TO RECEIVE INFORMATION

Title: (select one) Mr. Ms. Mrs. Other: _____

Name: _____
(First Name) (Middle Name) (Last Name) (Suffix)

Address: _____ City: _____ State: _____

Zip code: _____ Phone: _____ E-mail: _____

Organization (required if applicable): _____

READ THE FOLLOWING STATEMENT, THEN SIGN AND DATE

I authorize the Office of U.S. Senator Marco Rubio to disclose the information on my case to the Authorized Third Party. I understand that the Office of U.S. Senator Marco Rubio has no control over how the Authorized Third Party will use or disseminate my information. I agree to release and hold harmless the Office of U.S. Senator Marco Rubio from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information pursuant to this Waiver. I certify under penalty of perjury that the foregoing is true and correct. Executed on the below date.

Signature (handwritten): _____ **Date:** _____

This signature must be from an individual who is 18 years of age or older. Third party signatures, including those of immediate family members, are not acceptable. **Signature must be in your handwriting.**

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Address: U.S. Senator Marco Rubio
201 South Orange Avenue,
Suite 350
Orlando, Florida 32801

Phone: (407)254-2573
Toll-free: (866) 630-7106
Fax: (844) 762-1556

E-mail: casework@rubio.senate.gov
Subject Line: Casework Assistance