



# Congresswoman Eleanor Holmes Norton

## Request for Immigration and Visa Assistance

☐ I Applied for Myself

☐ I Applied for Someone Else

☐ I am Inquiring About a Nonimmigrant (Tourist) Visa

Describe Your Relationship to the Applicant:



Full First Name:\*

Full Middle Name:\*

Full Last Name:\*

Address (5 Lines):\*

Date of Birth **MM/DD/YYYY**:

A Number (If Applicable):

USCIS Receipt No. (If Applicable):

Phone:

I am: ☐ A U.S. Citizen

☐ A Permanent Resident

Country of Birth:

☐ An Asylee

☐ Other

E-Mail:

Common Types of Applications or Petitions: \*

☐ I-130

☐ I-131

☐ I-140

☐ I-485

☐ I-730

☐ I-765

☐ N-400

☐ N-600

☐ DS-160

☐ Visa

☐ Other:

Where Filed:

Date Filed **MM/DD/YYYY**:

Embassy or Consulate (If Applicable):

Embassy File Number (If Applicable):

Bar Code Number (Tourist Visas Only):

Interview Date **MM/DD/YYYY** (If Applicable):

## Beneficiary or Nonimmigrant Visa Applicant (If Any) Information

Beneficiary or Applicant Full First Name:

Beneficiary' or Applicant Full Middle Name:

Beneficiary' or Applicant Full Last Name:

Beneficiary or Applicant Address Including Country & Post Code (5 Lines):

Date of Birth **MM/DD/YYYY**:

A Number (If Applicable):

Phone:

Country of Birth:

E-Mail:

# Request for Immigration & Visa Assistance Consent for the Release of Information

Full First Name:

Full Middle Name:

Full Last Name:

**Briefly State the Result Wanted** (Attach Additional Sheets & *Copies* of Documents if Needed.): \*

**The Person Who is the Subject of the USCIS Records, i.e. Signed the Application or Petition  
or the Person Inquiring About a Nonimmigrant (Tourist) Visa  
Must Complete This Section:**

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, \_\_\_\_\_,  
*First Name* *Middle Name* *Last Name*

authorize the Department of Homeland Security, U.S. Citizenship & Immigration Service, U.S. Immigration & Customs Enforcement, U.S. Customs & Border Patrol and/or the Department of State to release such personal information necessary and relevant to respond to the matter stated above to Congresswoman Eleanor Holmes Norton and her Staff. I authorize Congresswoman Eleanor Holmes Norton to request and to access to all records and reports relevant to my request for assistance.

Signature

In Ink\*

Date (MM/DD/YYYY): \*

Digital Signatures Will Not Be Accepted

**Sign and Return to:** Congresswoman Eleanor Holmes Norton, 1300 Pennsylvania Ave., NW, Suite M-1000, Washington, DC 20004-3002, Voice: (202) 408-9041, Fax: (202) 408-9048, or Scan & E-mail: [Norton.Casework@Mail.House.Gov](mailto:Norton.Casework@Mail.House.Gov)