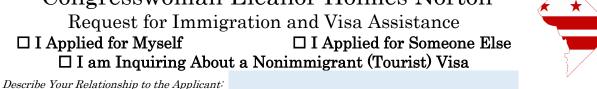


Congresswoman Eleanor Holmes Norton

Request for Immigration and Visa Assistance ☐ I Applied for Myself







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): I am: □ A U.S. Citizen □ A Permanent Resident Phone: □ An Asylee □ Other Country of Birth: E-Mail: Common Types of Applications or Petitions: * □ I-130 □ I-131 □ I-140 □ I-485 □ I-730 □ N-400 □ N-600 □ DS-160 □ Visa □ Other: □ I-765 Where Filed: Embassy or Consulate (If Applicable): Date Filed MM/DD/YYYY: 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 & <i>Copies</i> 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,		
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): *
	natures 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