



United States Senator for Michigan

The Privacy Act of 1974 requires congressional offices to obtain written authorization from a constituent before a federal agency may release any case specific information regarding that person to a Member of Congress, United States Senator, or their offices. Please complete and return this privacy release form to my Detroit office at the address listed below. Family, friends and other third parties are not able to authorize release of information on your behalf.

Your Case Information

* Denotes required case information

*Petitioner/Applicant Name: _____ *Date of Birth: _____
Alien Number (if applicable): _____ *Country of Birth: _____
*Beneficiary Name (if applicable): _____ *Date of Birth: _____
Alien Number (if applicable): _____ *Country of Birth: _____
*USCIS Receipt Number(s) (if applicable): _____
*Department of State Case Numbers (if applicable): _____
Receipt Date/Priority Date: _____ *Form Type(s) (e.g. I-130, I-140, I-485): _____
*Visa Applicant Passport Number (for nonimmigrant cases only): _____
Are you currently working with the office of another Member of Congress or U.S. Senator on this matter? (circle which applies)
YES or NO If yes, please specify which office(s): _____

* Please provide a brief description of your matter on another sheet of paper.

Your Contact Information (this must be the contact information for the same person listed as the petitioner/applicant for this matter)

Prefix: _____ Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Mobile Phone: _____ Alternate Phone: _____
Email: _____

- If you have another party with whom you would like my office to communicate about your case, please complete a separate third party authorization form (or if your contact is an attorney, have them provide a copy of a completed G-28).

Privacy Statement

I hereby certify the information I have provided in this release and in any supporting documents submitted with it to be true and correct, to the best of my knowledge. Neither this privacy release, nor any of the supporting documents provided with it, were provided with the intent to evade or violate any law.

I authorize Senator Gary Peters and his staff to work on my behalf with agencies in the U.S. Department of Homeland Security, U.S. Department of State, U.S. Department of Justice and/or U.S. Department of Labor relevant to the matter described above, to receive and review any information contained in my file, and, if necessary, to forward any pertinent correspondence sent by me regarding this matter to those agencies.

Signature of Petitioner/Applicant _____ Date _____

- For cases involving an I-730, I-751, or the U.S. Refugee Admissions Program the beneficiary must also sign the release.

Signature of Beneficiary _____ Date _____

To return this form by mail:
U.S. Senator Gary Peters
Attn: Constituent Services
477 Michigan Avenue, Suite 1837
Detroit, MI 48226

To return this form by fax:
(313) 226-6948