United States House of Representatives

U.S. REPRESENTATIVE FOR WASHINGTON'S 7TH DISTRICT

PRAMILA JAYAPAL

COMMITTEES
Judiciary
Budget

Please fill out this form so that the office of Congresswoman Jayapal can assist you in the matter you describe below. Pursuant to Public Law 93-579, the Privacy Act of 1974, our office ordinarily cannot assist individuals in dealing with federal agencies without their express written consent.

Section #1

Current Name: _____ Legal Name: _____

Pronouns: He/Him ☐ She/Her ☐ They/Them ☐ Other: _____ Date of Birth: _____

Email: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Alien Registration #: _____ Receipt/Priority Date: _____

USCIS/DOS Case/Receipt #: _____ Country of Birth: _____

Section #2

Form type(s)

Check all that apply:

☐ G-639 ☐ I-90 ☐ I-129 ☐ I-129F ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-212 ☐ I-290B ☐ I-360

☐ 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: _____

Section #3

In the space provided below, please provide a brief explanation of your reason for requesting assistance from Congresswoman Pramila Jayapal's office. If you need more space, you may attach a separate sheet.

_____

_____

_____

Staff member (print): Alejandra Villa Phone: 1 (206) 674 - 0040

Email: Alejandra.Villa@mail.house.gov

Section #4

Section below to be completed by the person who is the subject of the records:

I, _____, certify, under penalty of perjury, that I provided or authorized all the information in this privacy release and any document submitted with it. I reviewed and understand all of the information contained in my privacy release and submitted with it. All of this information is complete, true, and correct.

I 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 Representative Pramila Jayapal and the Member's staff.

Signature: _____ Date: _____

☐ Please check box to acknowledge that an additional signature is required only if information is also in spouse/representative/beneficiary's name or if you want our office to share findings with a third party (family member, friend, legal representative, other)

You may submit this form electronically by sending it to Alejandra.Villa@mail.house.gov

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