

# UNITED STATES HOUSE OF REPRESENTATIVES

★ PRAMILA JAYAPAL ★  
CONGRESSWOMAN FOR WA-07  
COMMITTEES: EDUCATION AND WORKFORCE, JUDICIARY

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: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Alien Registration #: \_\_\_\_\_ Receipt/Priority Date: \_\_\_\_\_  
USCIS/DOS Case/Receipt #: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

SECTION 2

Form type(s), please 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-565  N-600  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: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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).

For urgent cases, submit electronically to [Jayapal.Casework@mail.house.gov](mailto:Jayapal.Casework@mail.house.gov) and call our district office.

#### DISTRICT OFFICE

2033 6th Ave Suite 1011, Seattle, WA 98121

PHONE: 206-674-0040 FAX: 206-623-0256

#### WASHINGTON DC OFFICE

1510 Longworth HOB, Washington, DC 20515

PHONE: 202-225-3106 FAX: 202-225-6197