

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 and call our district office.

DISTRICT OFFICE
2033 6th Ave Suite 1011, Seattle, WA 98121
PHONE: 206-674-0040 **FAX:** 771-200-5813

WASHINGTON DC OFFICE
1510 Longworth HOB, Washington, DC 20515
PHONE: 202-225-3106 **FAX:** 202-225-6197