



Los Angeles Office:
1645 Corinth Avenue, Suite 101
Los Angeles, CA 90025
Phone: (323) 651-1040
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Lieu.Casework@mail.house.gov

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(By Appointment Only)
1600 Rosecrans Avenue, 4th Floor
Manhattan Beach, CA 90266
(310) 321-7664

CONGRESSMAN TED W. LIEU

PRIVACY RELEASE FORM

In order for my office to assist you, please:

- **Fill out all three pages of this form completely**
- **Enclose copies of any documents that are related to your case**

If you have questions regarding this form, please contact my Los Angeles office at (323) 651-1040.

Mrs. Ms. Miss Mr.

Petitioner First Name

Petitioner Middle Initial

Petitioner Last Name

Beneficiary First Name

Beneficiary Middle Initial

Beneficiary Last Name

Country of Birth

Residential Street Address: City, State and Zip Code

Mailing Address – if different from residential

Work Telephone Number

Home Telephone Number

Cell Phone Number

E-mail Address

Form Number of Application Filed

Receipt Number

Alien Registration Number (*No Social Security Number for USCIS Cases*)

Date of Birth

Description of the Problem

Which USCIS office or U.S. Embassy is working on your case? _____

What is the problem? _____

What have you done to try and resolve the problem? _____

What is the current status of the problem? _____

What has the federal agency told you? _____

Have you contacted any other office for assistance? _____

If yes, which office? _____

United States Citizenship and Immigration Services require the following information to be filled out:

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, (print your name) _____ 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 Lieu and the Member’s staff.

Please read and sign the following:

By filling out this Privacy Release form, I hereby authorize my member of Congress and staff to conduct any inquiries regarding my case and to be provided with any information relating to it.

Date:

Signature:

Thank you for taking the time to complete this form. Please return it as soon as possible to my Los Angeles office at the following address:

Congressman Ted W. Lieu
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Los Angeles, CA 90025
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Fax: (323) 655-0502
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