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Los Angeles, CA 90025
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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 pages of this form completely**
- **Include any relevant documentation**

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

Personal Information

Prefix: Mrs. Ms. Miss Mr. Mx. Other: _____

Beneficiary First Name: _____ Middle Initial: _____ Last Name: _____

Beneficiary Date of Birth: _____ Country of Birth: _____

Prefix: Mrs. Ms. Miss Mr. Mx. Other: _____

Petitioner First Name: _____ Middle Initial: _____ Last Name: _____

Residential Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from Residential): _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Business Phone Number: _____ E-mail Address: _____

Application Form Number: _____ Receipt Number: _____

Alien Registration Number (No SSN for USCIS cases): _____

Description of the Problem

Which USCIS office or US Embassy is working on your case? _____

What is the current problem? _____

What steps have you taken to try to resolve the problem? _____

What has the federal agency told you? _____

Have you contacted any other office (elected officials, non-profits, attorneys etc.) for assistance?

Yes (If so, which one(s)? _____) No

USCIS requires this section to be completed:

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 print and return it as soon as possible to my Los Angeles office via fax, email, or mail to the following address:

Congressman Ted W. Lieu
1645 Corinth Avenue, Suite 101
Los Angeles, CA 90025
Phone: (323) 651-1040 **Fax:** (323) 655-0502
Email: Lieu.Casework@mail.house.gov