



UNITED STATES HOUSE OF REPRESENTATIVES  
**Office of Congresswoman Linda T. Sánchez**  
*Thirty-eighth District of California*

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**CONGRESSIONAL CASEWORK AUTHORIZATION FORM—USCIS**

PETITIONER/ APPLICANT

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ALIEN NUMBER (if any): \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

BENEFICIARY

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ALIEN NUMBER (if any): \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

USCIS RECEIPT NUMBER OR TRACKING NUMBER (NO SOCIAL SECURITY NUMBERS): \_\_\_\_\_

**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:

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ISSUE. YOU MAY ATTACH A SEPARATE SHEET, IF NECESSARY.  
PLEASE ATTACH A COPY OF YOUR PHOTO I.D. ALONG WITH COPIES OF ANY RELEVANT DOCUMENTS.

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

I certify under the 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 and submitted with this form; and 3) all of this information is complete, true, and correct.

Congresswoman Linda Sánchez, 38<sup>th</sup> Congressional District, has my permission to gain access to my files to enable her and/or members of her staff to assist me with my issue, in accordance with the Privacy Act of 1974. I understand that Congresswoman Sanchez's work is provided free as a public service, and that no one may charge a fee to gain access to her office.

\_\_\_\_\_  
**SIGNATURE OF PETITIONER OR APPLICANT**

\_\_\_\_\_  
**DATE**

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DAYTIME PHONE NUMBER:** \_\_\_\_\_