



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

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): \_\_\_\_\_

DO YOU WANT YOUR CASE DISCUSSED WITH ANYONE ELSE? IF SO, WHO? \_\_\_\_\_

**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

\_\_\_\_\_  
DATE

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

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

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