

## Office of United States Senator Michael F. Bennet RELEASE OF INFORMATION FORM

Before an inquiry can be made on your behalf and subject to the provisions of the Privacy Act of 1974 (Title 5, Sec. 552A of the U.S. Code), the Office of United States Senator Michael Bennet must first receive your written permission to make an inquiry. Your signature designates our office as an authorized recipient of the information the agency provides. Please fill out this form and mail, email, or fax it other necessary documents to us.

Petitioner:	Date of Birth:	
Country of Birth:		
Petitioner Address:	City:	Zip:
Preferred Phone #:	Email:	
Beneficiary Information – Name:	Alien Numbe	ar.
Country of Birth:		
USCIS Form Type: (I-130, I-485, etc.)		
USCIS Receipt Number #:	Place of Filing:	
Have you contacted another congressional Please describe the problem you are have	ing (attach supporting documents se	parately)
USCIS has requested you sign the below states	· · ·	
I certify, under penalty of perjury, that 1) I provided document submitted with it; 2) I reviewed and ur submitted with it; and 3) all of this information is	nderstand all of the information contained	
I,	, authorize USCIS to release information contained in my USCIS atus, and to the extent permitted by law, to Senator Michael Bennet and the	
Signature : E-Sign or Print & Sign)	Date:	

RETURN TO: Casework@bennet.senate.gov or Fax: 720-904-7151 or mail to 1244 Speer Blvd., Ste. 880, Denver, CO 80204

Call for Assistance: 303-455-7600