



**Congressman Rick Crawford
Authorization Form
870-203-0540**



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): _____

Date of filing: _____

Place of filing: _____

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: _____

Brief description of the issue (if you need more space, attach a separate sheet):

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

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 Congressman Crawford and the Member's staff.

Signature (sign in ink): _____ Date: _____

Complete Address _____

Phone: _____ Email: _____

Please complete and return this form to the appropriate office address or fax number, as instructed.

Staff Member: Sherrie Mitchell | Phone: 870-203-0540 | Email: sherrie.mitchell@mail.house.gov

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