United States Senator Elizabeth Warren

Senatè Etazini Elizabeth Warren

USCIS – Privacy Act Release Form
Fòmilè Divilgasyon sou Pwoteksyon Vi Prive - USCIS

Please fill out this form so that the office of Senator Warren can assist you in the matter you describe below. Pursuant to the Privacy Act of 1974, our office cannot assist individuals without their express written consent

Tanpri ranpli fòmilè sa a pou biwo Senatè Warren ka ede ou nan zafè ou dekri anba a. Dapre Lwa sou Pwoteksyon Vi Prive 1974, biwo nou an pa kapab ede moun san yo pa bay konsantman yo alekri..

❶ Mr. (*Mesye*) ☐   Mrs. (*Madam*) ☒   Ms. *Mazè*l ☒   Full name: (*Non Konplè*):_____

Email (*Imel*):   Phone Number (*Nimewo Telefòn*):
Address (*Adrès*):   City (*Vil*):
State (*Eta*):   Zip: (*Kòd Postal*):

Please provide us with all the following information:
(Tanpri ban nou tout enfòmasyon sa yo):

Petitioner Name: **Petioner Date of Birth:**
(Non Demandè a):   *(Dat Nesans Demandè a)*:
Alien Number (If applicable):   Country of Birth:
(Nimewo Etranje (si sa aplikab)):   *(Peyi kote l Fèt)*:
Beneficiary Name: **Beneficiary Date of Birth:**
(Non Benefisyè a):   *(Dat Nesans Benefisyè a)*:
Alien Number (If applicable):   Country of Birth:
(Nimewo Etranje (si sa aplikab)):   *(Peyi kote l Fèt)*:
Petition Form Type(s):   **USCIS Receipt Number (s):**
Tip de Fòmilè Demann(yo):   *(Nimewo Resi USCIS (yo))*:
Interview Date: Priority Date:
(Dat Entèvyou):   *(Dat Priyorite)*:

❷ Please provide a brief explanation of your reason for requesting assistance from Senator Elizabeth Warren's office in the space provided below and attach **copies** of any supporting documents:

*Tanpri bay yon ti eksplikasyon tou kout sou rezon ki lakòz ke ou mande asistans nan men biwo Senatè Elizabeth Warren nan espas ki founi anba a epi tache **kopi** nenpòt dokiman pou sipò:*

❸ As required by Public Law 93-579, the Privacy Act, I hereby request and authorize Senator Elizabeth Warren and her staff to intercede on my behalf, including the right to review all appropriate documentation that she or her   staff deems necessary in connection with the application for assistance or any other action I have pending with   the agency named below. I nnderstand that any documents I provide to Senator Elizabeth Warren or her staff may be copied and forwarded to officials of the agency listed below for review

Jan Lalwa piblik 93-579 la ekzije li, Lwa sou pwoteksyon vi prive a, avèk sa a, Mwen mande epi otorize Senatè Elizabeth Warren ansanm ak anplwaye li yo pou entèsede nan non mwen, sa a gen ladan dwa pou revize tout dokiman apwopriye ke li menm oswa anplwaye li yo ta jije nesesè nan koneksyon avèk aplikasyon pou asistans oswa nenpòt lòt aksyon Mwen gen annatant ak ajans ki nonmen anba a. Mwen konprann ke

nenpòt dokiman mwen bay Senatè Elizabeth Warren oswa anplwaye li yo ka kopye epi voye bay fonksyonè ajans ki nan lis anba a pou revizyon.

I, _____, hereby authorize the Office of Senator Elizabeth Warren to act on my behalf with _____, and therefore, waive all rights in the release of any and all related information and records.

Avèk sa a, _____, Mwen otorize Biwo Senatè Elizabeth Warren pou aji nan non mwen avèk _____, epi konsa, Mwen renonse a tout dwa nan divilgasyon nenpòt ak tout enfòmasyon ki gen rapò ak dosye yo.

I also understand that this inquiry may not conclude in my best interest. I sign this waiver in good conscience and without mental reservation. I certify, in accordance with the United States Citizenship and Immigration Service's guidelines, under penalty of perjury, that all of the information I provided in this privacy release is complete, true, and correct, to the best of my knowledge.

Mwen konprann tou ke zafè sa a ka pa konkli nan pi bon enterè mwen. Mwen siyen renonsyasyon sa a ak bòn konsyans epi san rezèvasyon mantal. Mwen sètifye, an akò avèk direktiv Sèvis Sitwayènte a ansanm ak Imigrasyon Etazini yo, anba sanksyon fo temwayaj, ke tout enfòmasyon Mwen bay nan divilgasyon pwoteksyon vi prive sa a konplè, vre, epi kòrèk, selon sa Mwen konnen.

Signature (sign in ink):_____Date:_____

Siyati (siyen ak lank):_____Dat:_____