

U.S. SENATOR TED CRUZ

United States Senator • Texas

The Information and Privacy Act Form

The Privacy Act requires your written consent before a government agency will release information to our office regarding your records. To better serve you, please complete this form and return it as indicated below. *Please be aware that the person(s) requesting assistance must sign this form*.

Personal Information:			
\square Mr. \square Mrs. \square Miss \square Ms.	□ Other:		
Full Name:			
Address:	Phone: Preferred:		
City:	Home: () []		
State:ZIP:	Work: () []		
Email:	Cell: () []		
Federal Agency(ies) Involved:			
 Department of Homeland Security (DHS) Customs & Border Protection (CBP) Immigration & Customs Enforcement (ICE) Transportation & Security Administration (Table 1) 	Citizenship & Immigration Services (USC) National Visa Center (NVC) U.S. Department of State Other Other		
PETITIONER:	BENEFICIARY:		
Name:	Name:		
Date of Birth:	Date of Birth:		
Country of Birth:	Country of Birth:		
Alien Number:	Alien Number:		
CASE INFORMATION:			
USCIS Form Type(s): all that apply:			
USCIS Receipt #:	Received Date:		
Priority Date:	Visa Preference Category:		
NVC Case #:			
Passport #:			
Other			

Have you requested assistance from any other elected official? If yes, which one?	□ YES	□ NO
Did you receive a final response? ☐ YES ☐ NO		
Write a brief letter outlining the nature of your problem and be as specific	as possible.	
Attach any relevant correspondence that you have initiated or received concerning your	r problem.	
You may submit your completed form and any other pertinent attachments to:		
U.S. Senator Ted Cruz 961 J.J. Pickle Federal Building 300 E. 8 th Street Austin, Texas 78701 Fax: 512-916-5839 casework@cruz.senate.gov		
****** Note: Because of security measures, mail is now irradiated, which can dam as cassette tapes, videos, CD's and DVD's. Fax, e-mail and web form are the quicke information.	•	
I certify, under penalty of perjury, that: (1) I provided or authorized all of the information in this privacy release and any documents of the information contained in my privacy release (3) all of this information is complete, true, and correct. I, (print your name), authorize the Page 1 to release information contained in my records as relevant to checking my case.	and submitted agency(ies)	d with it; and indicated on
permitted by law, to Senator Ted Cruz and the Member's staff. Signature (sign in ink)	(Date)	

Physical signatures are required. Please note that each petitioner must complete and sign a Privacy Form.