



# 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:

Mr.     Mrs.     Miss     Ms.     Other: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred: \_\_\_\_\_

City: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ [ ]

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ [ ]

Email: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ [ ]

### Federal Agency(ies) Involved:

- |   |   |
|---|---|
| <input type="checkbox"/> Customs & Border Protection (CBP)              | <input type="checkbox"/> Citizenship & Immigration Services (USCIS) |
| <input type="checkbox"/> Immigration & Customs Enforcement (ICE)        | <input type="checkbox"/> National Visa Center (NVC)                 |
| <input type="checkbox"/> Transportation & Security Administration (TSA) | <input type="checkbox"/> U.S. Department of State                   |

### PETITIONER:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_

### BENEFICIARY:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_

### CASE INFORMATION:

USCIS Form Type(s): all that apply: \_\_\_\_\_

USCIS Receipt #: \_\_\_\_\_

Received Date: \_\_\_\_\_

NVC Case #: \_\_\_\_\_

Passport #: \_\_\_\_\_

Other: \_\_\_\_\_

Have you requested assistance from any other elected official?     YES     NO

If yes, which one? \_\_\_\_\_

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 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<sup>th</sup> Street  
Austin, Texas 78701  
Fax: 512-916-5839  
[casework@cruz.senate.gov](mailto:casework@cruz.senate.gov)

\*\*\*\*\* **Note:** Because of security measures, mail is now irradiated, which can damage sensitive items such as cassette tapes, videos, CD's and DVD's. Fax, e-mail and web form are the quickest ways to forward your information.

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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 the agency(ies) indicated on Page 1 to release information contained in my records as relevant to checking my case status, and to the extent 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.**