



U.S. SENATOR TED CRUZ

United States Senator • Texas
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: _____

First Name: _____ Last Name: _____

Address: _____	Phone: _____	Preferred: _____
City: _____	Home: (____) _____	[]
State: _____ ZIP: _____	Work: (____) _____	[]
Email: _____	Cell: (____) _____	[]

Federal Agency(ies) Involved:

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

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: _____
Processing Center: _____
Priority Date: _____ Visa Preference Category: _____
NVC Case #: _____
Passport #: _____
Other: _____

Have you requested assistance from any other elected official? YES NO
If yes, which one? _____ Date contacted? _____
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. 8th Street
Austin, Texas 78701
Fax: 512-916-5839
casework@cruz.senate.gov

******* Fax, e-mail and web form are the quickest ways to forward your information. CD's, DVD's and links to files, are NOT accepted.**

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.