



# CONGRESSMAN MICHAEL R. TURNER

10<sup>TH</sup> DISTRICT OF OHIO

120 W. Third Street, Suite 305, Dayton, OH 45402

Phone: 937-225-2843

Fax: 937-225-2752

## CONSENT FOR RELEASE OF INFORMATION

*To begin processing your case, please complete the following information (Please PRINT):*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Immigration Issue (USCIS):

Beneficiary's Name: \_\_\_\_\_ Type of Application filed: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

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

Place of Filing: \_\_\_\_\_

Briefly explain your problem and/or desired information (Include the form type that was submitted along with *additional pages if needed or copies of any documentation that you may have which would help expedite your inquiry. Please do not send original documents*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Member: **Ms. Marty Heide** Phone: (937) 225-2843 Email: [Marty.Heide@mail.house.gov](mailto:Marty.Heide@mail.house.gov)

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

I certify, under penalty or 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 **Representative Michael Turner** and the Member's staff.

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_