



Congress of the United States
House of Representatives
Washington, DC 20515-2305

PRIVACY RELEASE FORM

The Privacy Act of 1974 requires written consent from a constituent before information can be obtained from a government agency's records. For questions or to return this form, contact Nicky Leingang in Congresswoman Ilhan Omar's Minneapolis office at (612) 333-1272 or Nicky.Leingang@mail.house.gov.

- Please complete ***all*** pages of the following form, sign it and return it to Nicky Leingang.
- All items in bold and with asterisks (*) are required fields.
- You must sign the form by hand; digital signatures are not accepted.
- Please send copies of the most recent documentation you have received from the agency.
- This form must be completed by or on behalf of the petitioner/applicant; an interpreter may assist. This form should be completed only in English.
- For inquiries about visitor visas, this form must be completed by the visitor.
- The parent or legal guardian of a petitioner under the age of 18 should complete and sign this form in the child's name.
- For refugee petitions (I-730), this form must be completed by both the petitioner and beneficiary.



*Ms. ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Other _____

*Full Legal Name of Petitioner/Applicant: _____

Name of Parent/Legal Guardian (*required if under 18 years of age): _____

*Mailing Address: _____ *City: _____ *Zip: _____

*Preferred Phone: _____ *Preferred E-mail: _____

*Petitioner's Date of Birth: _____ *Petitioner's Country of Birth: _____

Agencies Involved: U.S. Department of Homeland Security and U.S. Department of State

(If additional agencies are involved, please list them here): _____

*Receipt/Case/Application Number: _____

(These numbers can be found on correspondence from the agencies. From USCIS, they can be found on the I-797 receipts.)

*Type(s) of Petition Filed: _____

Return to the Office of Congresswoman Ilhan Omar (c/o Nicky Leingang)
310 East 38th Street, Suite 222
Minneapolis, MN 55409

Phone: (612) 333-1272
E-mail: nicky.leingang@mail.house.gov

****Complete the following only if you petitioned for a fiancé, family member or employee (I-129F, I-130, I-730, etc).***

Beneficiary's Full Name: _____ Ms. ☐ Mr. ☐ Mrs. ☐ Dr. ☐

Beneficiary's Date of Birth: _____ Beneficiary's Country of Birth: _____

Relationship to Petitioner: _____

***Please explain the problem you are experiencing.** Use additional sheets of paper and attach relevant documentation if necessary.

***Please state the type of assistance you are seeking from Congresswoman Ilhan Omar.**

How did you hear about the assistance our office provides?

I hereby authorize Congresswoman Ilhan Omar and her staff to work on my behalf with any federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter. I declare under penalty of perjury (under the laws of the United States of America) that the information I provided here is true and correct to the best of my knowledge.

***Signature:** _____ ***Date:** _____

***Printed Name:** _____

Signature of Parent/Legal Guardian (***required if under 18 years**): _____

PRIVACY RELEASE FOR THIRD PARTIES

Contact with family, friends, interpreters, legal representation, or others: Please write the names of any person(s) with whom you designate Congresswoman Ilhan Omar and her staff to discuss your case, use additional paper if necessary. Note that Congresswoman Omar and her staff are legally unable to discuss your case with anyone who is not explicitly named here; this includes family members, lawyers, interpreters, etc.

1. Name: _____ Relationship to Petitioner: _____

Phone Number: _____ E-mail Address: _____

2. Name: _____ Relationship to Petitioner: _____

Phone Number: _____ E-mail Address: _____

3. Name: _____ Relationship to Petitioner: _____

Phone Number: _____ E-mail Address: _____

I hereby authorize Congresswoman Omar and her staff to work on my behalf with any federal agency relevant to the matter described above, and to discuss any aspects of my case with the individuals I have listed on this page. I declare under penalty of perjury (under the laws of the United States of America) that the information I provided here is true and correct to the best of my knowledge.

*Signature: _____ *Date: _____

*Printed Name: _____

Signature of Parent/Legal Guardian (*required if under 18 years): _____