

**ILHAN OMAR**

5TH DISTRICT, MINNESOTA

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MINNEAPOLIS, MN 55401  
(612) 333-1272

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HOUSE FOREIGN AFFAIRS COMMITTEE,  
HOUSE BUDGET COMMITTEE, AND HOUSE  
EDUCATION AND LABOR COMMITTEE

AFRICA, GLOBAL HEALTH, GLOBAL HUMAN  
RIGHTS AND INTERNATIONAL ORGANIZATIONS  
SUBCOMMITTEE & THE OVERSIGHT AND  
INVESTIGATIONS SUBCOMMITTEE

HIGHER EDUCATION AND WORKFORCE  
INVESTMENT SUBCOMMITTEE & THE  
WORKFORCE PROTECTIONS SUBCOMMITTEE

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

## 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): \_\_\_\_\_

\*Alien/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)

404 3<sup>rd</sup> Avenue North  
Minneapolis, MN 55401

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.**

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**): \_\_\_\_\_

404 3<sup>rd</sup> Avenue North  
Minneapolis, MN 55401

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Phone: (612) 333-1272

E-mail: [nicky.leingang@mail.house.gov](mailto:nicky.leingang@mail.house.gov)

## 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**): \_\_\_\_\_