

BRUCE WESTERMAN
4TH DISTRICT, ARKANSAS

RANKING MEMBER, COMMITTEE ON
NATURAL RESOURCES

COMMITTEE ON TRANSPORTATION
AND INFRASTRUCTURE

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USCIS CONSTITUENT INQUIRY

Petitioner/Applicant Name:

Beneficiary Name:

Petitioner/Applicant Date of Birth & Phone Number:

Beneficiary Date of Birth & Phone Number:

____/____/____ (____)_____

____/____/____ (____)_____

Petitioner Address:

Beneficiary Alien Number (if any):

Petitioner Email:

Beneficiary Country of Birth:

Petitioner/Applicant Country of Birth:

Form Type & Date of Filing:

Petitioner/Applicant Alien Number (if any):

USCIS Receipt or Tracking Number (NO SSN):

BRIEFLY DESCRIBE THE ISSUE FOR WHICH YOU ARE REQUESTING CONGRESSMAN WESTERMAN'S ASSISTANCE: (If additional space is needed please feel free to write on the back or use additional paper.)

PRIVACY ACT: In accordance with the provision of the Privacy Act of 1974 and the privacy standard of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, I authorize the Office of Congressman Bruce Westerman to secure any and all information required in the solution of my problem, including, but not limited to, health information, doctors' records, pharmaceutical and dental records from any source, military records of any type, from any organization of The United States, i.e. Department of Defense and any Agency within DoD; Social Security Administration, Department of Health and Human Services, Medicare, Medicaid, Veteran's Affairs and U.S. Citizenship and Immigration Services; and of any agency of any governmental organization of the States.

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in the privacy release and any other 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.

Date: _____

SIGNATURE IN INK ONLY