PRIVACY INFORMATION FORM

_____ U.S. Citizenship & Immigration Services
_____ U.S. Department of State

I hereby authorize Senator Elizabeth Dole to make an inquiry on my behalf concerning:

_____

_____

_____

_____

_____

_____

Signed:_____ Date:_____

Please print name:_____ Date of Birth:_____

Address:_____

_____

Phone: (_____) _____ Work Phone: (_____) _____

FAX: (_____) _____ E-mail address:_____

Type of application filed:_____
(e.g. I-485 Adjustment of Status, I-129 Fiancé Visa, N-400 Naturalization, etc.)

Date filed:_____

Petitioner:_____ Beneficiary:_____

Receipt #:_____ Alien #:_____

Please attach copies of any relevant information you have received from USCIS.

Please return to:
Salisbury Office of Senator Elizabeth Dole
225 North Main Street
Suite 304
Salisbury, North Carolina 28144
704-633-5011 *phone*
704-633-2937 *fax*