

PRIVACY INFORMATION FORM

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

I hereby authorize Senator Elizabeth Dole to make an inquiry on my behalf concerning (please provide detailed description; use separate page if necessary):

Signed: _____ Date: _____

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING:

Your name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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 full name (person or company filing the petition) _____

Beneficiary full name: (person for whom petition was filed) _____

Receipt #: _____ Alien (green card)# _____

Please attach copies of any relevant communication (e.g. I-797 receipt notice) you have received from USCIS, Department of State, Department of Labor or National Visa Center. Please use a separate sheet for each beneficiary.

Please return to:

Office of Senator Elizabeth Dole
310 New Bern Avenue, Suite 122
Raleigh, North Carolina 27601
919-856-4630 (Telephone)
919-856-4053 (Fax)
ATTN: Carol Armstrong