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SUBCOMMITTEES:

ASIA AND THE PACIFIC

AFRICA, GLOBAL HEALTH, AND HUMAN RIGHTS

COMMITTEE ON SCIENCE, SPACE, AND
TECHNOLOGY

SUBCOMMITTEES:

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PETITIONER/APPLICANT:

BENEFICIARY:

Name: _____

Name: _____

Address: _____

Date of Birth: _____

City/State/Zip: _____

Alien number (if any): _____

Phone: _____

Country of Birth: _____

Email: _____

USCIS RECEIPT NUMBER/TRACKING NUMBER:

Date /Country of Birth: _____

Date of filing: _____

Alien number (if any): _____

Place of filing: _____

Form type:

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| <input type="checkbox"/> I-129 | <input type="checkbox"/> I-130 | <input type="checkbox"/> I-140 | <input type="checkbox"/> I-751 | <input type="checkbox"/> I-485 | <input type="checkbox"/> I-526 | <input type="checkbox"/> I-539 |
| <input type="checkbox"/> I-765 | <input type="checkbox"/> I-824 | <input type="checkbox"/> I-601 | <input type="checkbox"/> I-612 | <input type="checkbox"/> I-90 | <input type="checkbox"/> I-730 | <input type="checkbox"/> I-600A |
| <input type="checkbox"/> I-600 | <input type="checkbox"/> N-400 | <input type="checkbox"/> N-600 | <input type="checkbox"/> N-565 | <input type="checkbox"/> N-644 | <input type="checkbox"/> G-639 | <input type="checkbox"/> I-290B |
| <input type="checkbox"/> I-589 | <input type="checkbox"/> I-590 | <input type="checkbox"/> I-131 | <input type="checkbox"/> I-131 | <input type="checkbox"/> Other: _____ | | |

What concerns are you having with a federal agency?

What specific action are you seeking from our office?

I hereby authorize Congressman Ami Bera or his staff, under the "Right to Privacy Act," to request and copy any information regarding this matter from any agency. I hereby release you from any liability that may arise by furnishing the requested information.

SIGNATURE: _____ **DATE:** _____