



OFFICE OF  
CONGRESSMAN STEVE WOMACK  
3<sup>RD</sup> DISTRICT OF ARKANSAS  
3333 Pinnacle Hills Parkway, Suite 120  
Rogers, Arkansas 72758  
479-464-0446 (voice) 479-464-0063 (fax)  
[www.womack.house.gov](http://www.womack.house.gov)

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IMMIGRATION & STATE DEPARTMENT AUTHORIZATION FORM

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**Petitioner/Applicant Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Alien Registration # \_\_\_\_\_ Passport # \_\_\_\_\_

**Beneficiary Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Alien Registration # \_\_\_\_\_ Passport # \_\_\_\_\_

**Case Information:**

USCIS/DOS Receipt # \_\_\_\_\_ Type of Application Filed \_\_\_\_\_  
Date & Placed Claim was Filed (or attach copy of receipt notice I-797) \_\_\_\_\_

**Briefly describe the issue:**

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**Section below to be completed by the person who is the subject of the records:**

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

I, (print your name) \_\_\_\_\_, authorize USCIS/DOS to release information contained in my records as relevant to checking my case status, and to the extent permitted by law, to **REPRESENTATIVE STEVE WOMACK**, the Member's staff and assigned caseworker(s) \_\_\_\_\_

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_