

U.S. REPRESENTATIVE MARK DESAULNIER

Constituent Service Request Form

Immigration Only

Last Name	First Name	Middle Name
		State: Zip Code:
	(mobile):	(evening):
<u>Please</u>	include the following information only	if it pertains to your inquiry:
	Country of Birth:	<u> </u>
Petitioner:		Beneficiary:
USCIS Receipt#:		Form#:
Date File:		Priority Date:
NVC Case Number:		U.S. Embassy/ Consulate:
Please state your request for as	sistance*:	
	pporting documentation, receipt not	ices, or additional pages if needed to explain
explanation of your request.		
	<u>Disclosure Authorization</u> (as req	quired by USCIS)
document submitted with it; 2)		all of the information in this privacy release and a he information contained in my privacy release a orrect to the best to my knowledge.
	rmation contained in my USCIS recoresentative Mark DeSaulnier and the M	ds as relevant to checking my case status, and to the ember's staff.
	by signing this release I am knowingly aulnier and his staff to be the new cust	y waiving my confidentiality protection under §1367 todian of this information.
Signature (Sign in Ink):		~ .
bigilature (bigir in inix).		Date:

Walnut Creek District Office 3100 Oak Road, Suite 110 Walnut Creek, CA 94597 Phone: (925) 933-2660

Fax: (925) 933-2660 Fax: (925) 933-2677 Antioch District Office 4703 Lone Tree Way Antioch, CA 94531 Phone: (925) 754-0716