



U.S. SENATOR MIKE ROUNDS
Constituent Service Request Form
(IMMIGRATION FORM - PLEASE PRINT)



Petitioner/Applicant Name: _____

Date of Birth: _____ **Country of Birth:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Telephone Number (day): _____ **(evening):** _____

E-mail: _____

Are you working with another Congressional Office? _____

Please include the following information only if it pertains to your inquiry:

Beneficiary Name: _____

Date of Birth: _____ **Country of Birth:** _____

Receipt # or Immigration A#: _____ **Passport #:** _____

Note: If there is more than one beneficiary, please fill out their information on the back of this page.

Disclosure Authorization*:

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; 3) all of this information is complete, true and correct.

I, (print your name) _____, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to U.S. Senator Mike Rounds and the Member's staff.

Signature: _____ **Date:** _____

***Must be completed by the person who is the subject of the records.**

Please return this completed form to one of the state offices. Don't hesitate to call if you have questions.

PIERRE
 111 W Capitol Ave., Suite 210
 P.O.Box 309
 Pierre, SD 57501
 Phone: (605) 224-1450
 Fax: (605) 224-1379

RAPID CITY
 603 Omaha St., Suite 100
 Rapid City, SD 57701
 Phone: (605) 343-5035
 Fax: (605) 343-5348

SIoux FALLS
 320 N Main Ave., Suite A
 Sioux Falls, SD 57104
 Phone: (605) 336-0486
 Fax: (605) 336-6624

ABERDEEN
 221 Brown County Highway
 19 S, Suite 112
 Aberdeen, SD 57401
 Phone: (605) 225-0366

