

# Consent to Share Information Form (G-639)

## 1. Requestor Information

Full Name:

Address:

Phone Number:

## 2. Subject of Record

Full Name of Subject of Record:

Date of Birth:

Alien Registration Number (A-Number):

## 3. Consent

I hereby authorize the U.S. Citizenship and Immigration Services (USCIS) to disclose any information relating to me to the individual or organization identified below.

Name of Person/Organization to Receive Information:

## 4. Signature

Signature of Subject of Record:

Date Signed:

Submit