

## Authorization to Obtain Personal Records (G-639)

### Requestor Information

Full Name:

Address:

Phone Number:

### Subject of Record

Full Name:

Date of Birth:

A-Number (if any):

### Authorization

I hereby authorize the U.S. Citizenship and Immigration Services (USCIS) to release the requested records to the individual or entity listed above.

Signature of Subject of Record:

Date Signed:

Submit