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
Please list any additional beneficiaries here:

Beneficiary Name: _____________________________________________________________
Date of Birth: ______________________ Country of Birth: ___________________________
Receipt # or Immigration A#: ________________ Passport #: _________________________

Beneficiary Name: _____________________________________________________________
Date of Birth: ______________________ Country of Birth: ___________________________
Receipt # or Immigration A#: ________________ Passport #: _________________________

Beneficiary Name: _____________________________________________________________
Date of Birth: ______________________ Country of Birth: ___________________________
Receipt # or Immigration A#: ________________ Passport #: _________________________

Please state your request for assistance*:
________________________________________________________________________
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*Please attach an explanation of your situation, copies of pertinent documents, letters, etc.