

MARK PRYOR  
ARKANSAS  
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## Constituent Authorization Form Immigration/Visas/International Adoptions

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

Date of entry into the U.S.: \_\_\_\_\_ Method of Entry: \_\_\_\_\_

Type of Application Pending and where was it filed:  
\_\_\_\_\_

Receipt number if filed at a USCIS Service Center: \_\_\_\_\_

Briefly describe the problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTACH ANY DOCUMENTATION RELEVANT TO THE RESOLUTION OF YOUR INQUIRY.

The information that I have provided Senator Pryor is true and accurate to the best of my knowledge and belief. The assistance that I have requested from Senator Pryor's Office is in no way an attempt to evade or violate any federal, state or local law. In accordance with the provisions of the Privacy Act, I authorize the Office of Senator Mark Pryor to secure any information required in the effort to resolve my concerns.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Return to:*  
*Office of U. S. Senator Mark Pryor*  
*The River Market, 500 Clinton Avenue, Suite 40, Little Rock, Arkansas 72201*  
*Phone: (501) 324-6336 fax: (501) 324-5320*