



Submit a FOIA or PA Request

[View My Requests](#)

In response to public comment and to more closely match the proposed form, we will change this phrasing to "About Someone Else". This matches our phrasing on Form G-639.

For Myself

[Start Application](#)

Select this if you are making a Freedom of Information Act (FOIA) or Privacy Act (PA) request as the subject of record.

[Request Requirements](#)

About Someone Else

[Start Application](#)

Select this if you are making a Freedom of Information Act (FOIA) or Privacy Act (PA) request about or on behalf of the subject of record.

[Request Requirements](#)

Other Requests

[Start Application](#)

Select this if you are making a Freedom of Information Act (FOIA) request about USCIS agency information including personnel-related requests.

[Request Requirements](#)

Frequently Asked Questions

For more information about making a FOIA/PA request, please see our [Frequently Asked Questions](#) sheet.

Privacy Notice

USCIS is committed to protecting and respecting your privacy, please see our [Privacy Notice](#) to learn more.

[Return to top](#)

[Topics](#) [Tools](#) [Submit Request](#) [My Requests](#)



U.S. Citizenship and Immigration Services



[Contact USCIS](#)



USCIS.gov
An official website of the [U.S. Department of Homeland Security](#)

[About USCIS](#)

[Accessibility](#)

[Budget and Performance](#)

[DHS Components](#)

[FOIA Requests](#)

[No FEAR Act Data](#)

[Privacy and Legal Disclaimers](#)

[Site Map](#)

[Office of the Inspector General](#)

[The White House](#)

[USA.gov](#)

National Terrorism Advisory System



BULLETIN
[READ MORE](#)

Put this widget on your web page

FOIA Request

Request Description

Describe what information you are seeking. Being as detailed as possible will help us complete your request more quickly.

Contact Information

Family name (last name) *

Given name (first name) *

Middle name (if applicable)

Organization

What is your mailing address?

In Care Of Name (if any)

Country

Address line 1

Address line 2

City or town

State

ZIP Code

How can we contact you?

Note: Providing this information is optional. However, to complete this request electronically, you must provide an email address or cellular phone number.

Mobile telephone number

Country Code

Telephone number

Daytime telephone number

This is the same as my mobile telephone number.

Country Code

Telephone number

Email

Processing Fees ?

I consent to pay all costs incurred for search, duplication, and review of documents.

I agree to pay fees up to \$25 or the below specified amount

25

I request a fee waiver

Qualifications for Expedited Processing

Indicate if any of these circumstances apply to your request.

Note: If you select any of these circumstances, you will be asked to upload a certified, detailed statement regarding the basis of your request.

- Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.
- An urgency to inform the public about an actual or alleged federal government activity, if made by a person primarily engaged in disseminating information.
- The loss of substantial due process rights.
- A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affect public confidence.

Upload Documents

If you have any additional documentation in support of your request, you may attach it here:



Please upload files to your request by [choosing a file here](#).
 Maximum size: 25 Pages and 10MB per file
 Accepted formats: PDF, JPG, JPEG

FOIA Request Review

Description of Records Requested

[Edit](#)

Here is a description of my request.

Contact Information

[Edit](#)

First Name	Savage
Middle Name	
Last Name	Fred
Organization	Org
Address	123 Main Street Washington, DC 20005
Home Phone	+1 (111) 111-1111
Mobile Phone	+1 (111) 111-1111
Email Address	

Processing Fees and Information

[Edit](#)

Fees	I consent to pay all costs incurred for search, duplication, and review of documents. I agree to pay fees up to \$25
Circumstances	Circumstances in which the lack of expedited treatment could reasonable be expected to pose an imminent threat to the life or physical safety of the individual.

Uploaded Documents

[Edit](#)

Documents

[Back](#)

[Submit Request](#)