



From the Office of  
**Congressman Michael E. Capuano**

*8th Congressional District, Massachusetts*

**Immigration Privacy Release**

I hereby authorize Congressman Michael E. Capuano to make inquiries on my behalf and to receive information about me from any state or federal court or agency.

I further authorize my attorney (if you have a lawyer) to discuss my case with the staff of Congressman Capuano.

Print your name (ALL CAPS) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Alien # (if you have one) \_\_\_\_\_

Day time phone number ( ) \_\_\_\_\_

Home phone number ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Attorney \_\_\_\_\_ Attorney Phone Number \_\_\_\_\_

Please briefly describe the situation/problem and how we could help you. (Continue on back of page, if necessary.)

**Please mail or fax completed form to:**  
**Office of Congressman Michael E. Capuano**  
**110 First St.**  
**Cambridge, MA 02141**  
Fax 617-621-8628

You may also scan the completed form and e-mail it to either [kate.auspitz@mail.house.gov](mailto:kate.auspitz@mail.house.gov) or [jose.vaquerano@mail.house.gov](mailto:jose.vaquerano@mail.house.gov)