



From the Office of
Congressman Michael E. Capuano

8th Congressional District, Massachusetts

Standard Privacy Release

I hereby authorize the staff of Congressman Michael E. Capuano to make inquiries and receive information on my behalf.

Print your name (ALL CAPS) _____

Signature _____

Date _____

Case # (if you have one) _____

Social Security # _____ - _____ - _____

Day time phone number () _____

Home phone number () _____

E-mail address _____

Address _____

City _____

State _____ Zip Code _____

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