



From the Office of
Congressman Michael E. Capuano
7th Congressional District, Massachusetts

Immigration Privacy Release

I hereby authorize Congressman Michael E. Capuano and his staff to make inquiries on my behalf and to receive information about me from any United States department, court, or agency, or from any international organization.

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

Print your full name (ALL CAPS) _____

Signature _____ Date _____

Alien # (if you have one) _____

Date of birth _____ Place of birth _____

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