



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

*7th 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