

#### **CONGRESS OF THE UNITED STATES** HOUSE OF REPRESENTATIVES WASHINGTON, DC 20515

## **ADVOCACY AUTHORIZATION**

\_\_\_\_\_authorize Congressman Mike Pursuant to the Privacy Act, I (constituents name) Thompson or any member of his staff to act on my behalf, to receive and review agency correspondence, related to the below immigration matter and to meet with the appropriate individuals regarding my concerns. I certify, under penalty of perjury, that I provided or authorized all of the information in this privacy release and any document submitted with it; I reviewed and understand all of the information contained in my privacy release and submitted with it; and all of this information is complete, true, and correct.

#### SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

### PLEASE PRINT

Name:	Place of Birth:	
Address:		
City, State, Zip:		
Telephone No:	Immigration Receipt#:	
E-Mail:		

# **BRIEF EXPLANATION**

Please send all documentation, including this Advocacy Authorization, to:

# **CONGRESSMAN MIKE THOMPSON**

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