



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

Immigration Privacy Release

Print your full name (ALL CAPS) _____

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

Section below to be completed by the person who is the subject of the records:

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, (print your name) _____, authorize The Department of Homeland Security or the U.S. Department of State to release information contained in my records as relevant to checking my case status, and to the extent permitted by law, to Representative Michael Capuano and the Member's staff.

Signature (sign in ink): _____ Date: _____

Address: _____ City _____ State _____ Zip Code _____

Day time phone number _____ Home phone number _____

Alien # (if you have one) _____ Email: _____

Date of Birth _____ Place of birth _____

Pending application(s) _____ Case number(s) if known _____

Please mail or fax completed form to:

Office of Congressman Michael E. Capuano

110 First St.

Cambridge, MA 02141

Fax 617-621-8628

Or email form to kate.auspitz@mail.house.gov or Jose.Vaquerano@mail.house.gov