## AUTHORIZATION TO RELEASE INFORMATION ABOUT STATUS OF AN ALIEN

ATTACHMENT to INS Form G-845, "Document Verification Request"

NAME:		
	st, Middle)	
ADDRESS:		
(Complete d	address, including zip code)	
DATE OF BIRTH:	:(Month (xx), Day (xx), Year (	xxxx))
I authorize the Imn information about 1	nigration and Naturalization Servi me to	
because I am apply	ving for a U.S. Small Business Ad	lministration loan.
Signature	(Must be a "wet" signature)	 Date