



From the Office of
Congressman Michael E. Capuano

8th Congressional District, Massachusetts

Immigration Privacy Release

I hereby authorize Congressman Michael E. Capuano to make inquiries on my behalf and to receive information about me from any state or federal court or agency.

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

Print your name (ALL CAPS) _____

Signature _____

Date _____

Alien # (if you have one) _____

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