

Office of Senator Christopher S. Murphy

Information Release Form- Immigration Use Only



CHRIS MURPHY

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Under the Privacy Act of 1974, your signature is required for Senator Murphy to contact federal agencies and private institutions on your behalf. Please complete and hand-sign this form before returning it to Senator Murphy's office.

Petitioner/Applicant:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	Date of Birth:
First Name:	Country of Birth:
Last Name:	Phone:
Address:	Email:
	Alien Registration #:
Please circle one of the following: US Citizen Permanent Resident Temporary Resident	

Beneficiary: (relationship to petitioner)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	
Name:	Date of Birth:
Alien Registration # (if any):	Country of Birth:

Please check the corresponding box below:

I-90 I-130 I-131 I-140 I-485 I-765 N-400 N-600 Other: _____

Case or Receipt Number: _____

Federal Agency you need help with: _____

Have you contacted any other Congressional Offices? _____

• **If yes, which office(s)?** _____

Please provide a brief description of your issue:

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; 3) all of this information is complete, true, and correct.

I authorize all federal and state agencies to release any information in their records to the Office of Senator Christopher S. Murphy on my behalf.

SIGNATURE _____
 (must sign in ink)

DATE: _____