

**Office of Senator Christopher S. Murphy
Information Release Form – Immigration**



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 sign this form before returning it to Senator Murphy's office.

Name: _____
First Middle Last

Address: _____

Phone: () _____ *(home / work / cell – please circle one)*

E-mail: _____

Country of Birth: _____ **Date of Birth:** _____

Receipt/Case Number: _____ **A Number:** _____

Identification or Case Number: _____

Federal Agency you need help with: _____

Have you contacted any other Congressional Offices? *Yes* *No*

- **If yes, which office(s)?** _____

Please complete and sign page 2 of this form

Briefly describe your request. Please include the full names of the petitioner and beneficiary:

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 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

Date

Please print and mail to:
Senator Christopher S. Murphy
120 Huyshope Avenue, Suite 401
Hartford, CT 06101
Fax: 860-524-5091