



From the Office of
Congressman Michael E. Capuano

7th Congressional District, Massachusetts

Standard Privacy Release

I hereby authorize the staff of Congressman Michael E. Capuano to make inquiries and receive information on my behalf.

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Signature _____

Date _____

Case # (if you have one) _____

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Day time phone number () _____

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Address _____

City _____

State _____ Zip Code _____

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