EDWARD J. MARKEY
MASSACHUSETTS

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Privacy Release Form

AUTHORIZATION

I, _____, understand my personal information is protected under the Privacy Act of 1974 and hereby authorize Senator Edward J. Markey to obtain the necessary information from the appropriate federal agencies and departments in order to act on my behalf.

_____ Signature

_____ Date

CONTACT INFORMATION

Name:

Current Address:

Daytime Telephone: Email:

BENEFICIARY INFORMATION

Full Name:

Alien Registration Number:

Date of Birth:

Type of Application:

Case or Receipt Number:

Where is your case pending?

Brief Description of the Situation:

Please return completed form to:
Office of Senator Edward J. Markey, ATTN: Immigration
JFK Federal Building, 15 New Sudbury Street, Boston, MA 02203
Phone: 617-565-8519 Fax: 617-565-8257