Office of U.S. Senator Richard Blumenthal Information Release Form- Immigration



I understand you are in need of assistance and would like you to know I am devoted to doing my best to resolve your issue. Please fill out this authorization form and return it to my office as quickly as possible via mail/fax/email in order for me to act legally on your behalf.

In accordance with the Privacy Act of 1974, your signature is required for Senator Blumenthal to contact appropriate federal agencies on your behalf

Please note the person requesting assistance must sign this form

Name:			
First	Middle		Last
Mailing Address:			
E-mail:			
Cell: Home: _			Work:
Date of Birth:	C	country of Birth:	
Have you contacted another Congressional office? _	If y	es, which one:	
	Immigration	Issues	
Receipt/Case Number			
Alien Registration Number A			
Please circle one of the following:	US Citizen	Permanent Resident	Temporary Resident
Name of Agency			
Type of Application filed			
Date Application was filed		Place of filing	
Priority date, if applicable			
If employment based application, please list category	/		

Please complete and sign page 2 of this form

Describe the nature of the issue and how you would like Senator Blumenthal to assist you. Include full name of petitioner and beneficiary, if applicable.

Please list any people (family, attorney, friends, etc.) you give the office permission to speak with about your case:

I hereby authorize the Office of Senator Richard Blumenthal and his staff to make inquiries into my personal records and/or files, and to obtain information about me pertaining to my request for assistance. I certify, under penalty of perjury, that the information I have provided is true and accurate to the best of my knowledge.

Signature

Please complete and mail or fax this form to:

Senator Richard Blumenthal 90 State House Square, 10th Floor Hartford, CT 06103 Phone: 860-258-6940 Fax: 860-258-6958 Email: casework@blumenthal.senate.gov Date