

**AUTHORIZATION TO RELEASE INFORMATION
ABOUT STATUS OF AN ALIEN**

ATTACHMENT to INS Form G-845, "Document Verification Request"

NAME: _____
(Last, First, Middle)

ADDRESS: _____
(Complete address, including zip code)

DATE OF BIRTH: _____
(Month (xx), Day (xx), Year (xxxx))

I authorize the Immigration and Naturalization Service to release alien verification information about me to Texas Certified Development Company, Inc.

P.O. Box 15484, Austin Texas 78761
(Name and Address of Lender)

Signature

Date