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DOJ/EOIR Immigration Court One Federal Drive, Suite 1850 Fort Snelling, MN 55111

To: Immigration Court Clerk

From: <Respondent's Name>

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I hereby authorize **<attorney's name>** to be given full access to my immigration court case file maintained at the Bloomington/Fort Snelling, Minnesota Immigration Court. This authorization includes any request he/she may have for copies of documents from my case file.

Signature		
8		
Printed Name		

SAMPLE