



CONGRESSMAN HENRY A. WAXMAN

District Office ♦ 8436 West Third Street ♦ Suite 600 ♦ Los Angeles ♦ CA ♦ 90048
(323) 651-1040 ♦ (310) 652-3095 ♦ (818) 878-7400 ♦ (323) 655-0502 - fax

PRIVACY RELEASE FORM

In order for my office to assist you, please:

- **Fill out all three pages of this form completely**
- **Enclose copies of any documents that are related to your case**

If you have questions regarding this form, please contact my district office at (323) 651-1040 or (818) 878-7400.

Mrs. Ms. Miss Mr.

First Name

Middle Initial

Last Name

Residential Street Address

City, State and Zip Code

Mailing Address – if different from residential

Work Telephone Number

Home Telephone Number

Cell Phone Number

E-mail Address

Date of Birth

Social Security Number

Veteran's Claim Number (if applicable)

Description of the Problem

What is the problem? _____

What have you done to try to resolve the problem? _____

What is the current status of the problem? _____

What has the federal agency told you? _____

Have you contacted any other office for assistance? _____

If yes, which office? _____

Please read and sign the following:

By filling out this Privacy Release form, I hereby authorize Congressman Henry A. Waxman and members of his staff to conduct any inquiries regarding my case and to be provided with any information relating to it.

Date: _____ Signature: _____

Thank you for taking the time to complete this form. Please return it as soon as possible to my district office at the following address:

Congressman Henry A. Waxman
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Los Angeles, CA 90048
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