

# PRIVACY RELEASE AND AUTHORIZATION FOR CASEWORK INQUIRIES

[Note: The Privacy Act requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf will not be possible.]

Date: \_\_\_\_\_

I authorize the Office of Congresswoman Maxine Waters to communicate with any federal agency on my behalf.

I realize that it may be necessary to release information that under the Privacy Act of 1974 (Public Law 93-579) cannot be released without my written consent. This form is to serve as my consent for the release of such information to the Office of Congresswoman Waters.

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Social Security Number or Alien Number (if Immigration case):  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please add the following information ONLY for Internal Revenue Service cases:

Type of Tax (income, employment, etc.): \_\_\_\_\_

Tax Year(s) or Tax Period(s): \_\_\_\_\_

Briefly explain the problem. Attach copies of any relevant documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THE ORIGINAL COMPLETED FORM and copies of any accompanying documentation to:**

Congresswoman Maxine Waters  
Los Angeles District Office  
10124 South Broadway, Suite One  
Los Angeles, California 90003  
Phone: (323) 757-8900 Fax: (323) 757-9506