Congressman Henry A. Waxman Privacy Release Form for INS Cases

In order for my office to assist you, please:

- fill out all 4 pages of this form completely
- enclose copies of any documents that are related to your case

If you are filling out this form for someone else, please also complete the top section of page 3. If you have any questions regarding this form, contact my district office at 323-651-1040.

_Mrs._Ms. _Mr._Miss

First Name	Middle Initial	Last Name
Residential Street Address	3	
City, State and Zip Code		
Mailing Address – if diffe	rent from residential	
Work Telephone Number		Home Telephone Number
Date of Birth		"A" Number or "WAC" Number

Country of Birth
Have you moved since you filed? Did you inform INS?
If yes, how did you inform the INS of your move? Please check one of the following.
TelephoneLetterPersonal VisitOther (please explain)
What was your old address?
What type of application did you file with the INS?
Citizenship (N-400)
Green Card, Adjustment of Status (I-485)
Immediate Relative Petition (I-130)
Application for Travel Documents (I-131)
Other (please explain)
Date application was filed(Month-Day-Year)
Where did you file?
Los AngelesLaguna NiguelEl Monte
Other (please explain)
What is your present status in the United States?
Permanent ResidentU.S. CitizenRefugeeAsylee
Other (please explain)

Congressman Henry A. Waxman

Privacy Release

If you are filling out this form for someone else, please complete the following section:

Your name:	First	Middle Initial	Last	
Your residential	address			
Work Telephone	e Number	Home	e Telephone Number	
What is your rel	ationship to th	ne person who is having	the problem with INS?	
		Description of the Pro	oblem	
What is the prob	olem?			
What have you	done?			

What is the current status of the problem?_____

What has the INS told you?
Have you contacted any other office for assistance?
f 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 inquires 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 8436 West Third Street, Suite 600 Los Angeles, CA 90048 (tel.) 323-651-1040 (fax) 323-655-0502