



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 FOR CIS CASES

In order for my office to assist you, please:

- **Fill out all four 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. Dr.

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

“A” Number

WAC or LIN Number

What type of application did you file with the CIS?

- Citizenship (N-400)
- Adjustment of Status (I-485)
- Immediate Relative Petition (I-130)
- Application for Travel Documents (I-131)
Type: Advance Parole Refugee Travel Document Re-Entry Permit
- Employment Authorization Document (I-765)
- Other (please explain):

Where did you file the application?

- Los Angeles Laguna Niguel, CA Lincoln, NE
- Other (please explain):

When was the application filed?

(month/day/year)

Have you moved since you filed?

Did you inform CIS?

What was your old address?

What is your present status in the United States?

- Permanent Resident U.S. Citizen Refugee Asylee
- Other (please explain):

Country of Birth:

Date of Entry into U.S.:

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

First Name

Middle Initial

Last Name

Your Residential Address

Work Telephone Number

Home Telephone Number

Cell Phone Number

What is your relationship to the person who is having the problem with CIS?

Description of the Problem

What is the problem? _____

What have you done to resolve the problem? _____

What is the current status of the problem? _____

What has the CIS 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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