

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. 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 Social Security Number

Veteran's Claim Number (if applicable)

Description of the Problem

What is the problem?
What have you done to try and 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:

•	orm, I hereby authorize my member of Congress and staff to I 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 (323) 651-1040 (310) 652-3095 (818) 878-7400 (323) 655-0502 - fax