

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:

By filling out this Privacy Release form, I hereby authorize my member of Congress and 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
8436 West Third Street, Suite 600
Los Angeles, CA 90048
(323) 651-1040 (310)
652-3095 (818) 878-
7400
(323) 655-0502 - fax