



OFFICE OF CONGRESSWOMAN MAXINE WATERS
California's 43rd Congressional District
PRIVACY RELEASE AND AUTHORIZATION FOR CASEWORK INQUIRIES

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 Maxine Waters. I declare under penalty of perjury (under the laws of the United States of America) that the foregoing is true and correct.

SIGNATURE: _____ **DATE:** _____

Name (printed) _____ Date of Birth: _____

Place of Birth _____
CITY STATE COUNTRY

Address: _____

Phone (Home): _____ (Work/Cell): _____

Email: _____

Beneficiary (if any):

Name (printed) _____ Date of Birth: _____

Place of Birth _____
CITY STATE COUNTRY

Do you have legal representation? Yes / No (circle one)

Have you contacted other elected officials about this issue? Yes / No (circle one)

If yes, which office(s) and when: _____

USCIS receipt number: _____ **Alien number:** _____

Briefly explain the main problem.

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