



**OFFICE OF CONGRESSWOMAN MAXINE WATERS**  
*California's 43<sup>rd</sup> Congressional District*  
**PRIVACY RELEASE AND AUTHORIZATION FOR CASEWORK INQUIRIES**

Date: \_\_\_\_\_

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.

**SIGNATURE:** \_\_\_\_\_

Name (printed) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work/Cell): \_\_\_\_\_

Email: \_\_\_\_\_ 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: \_\_\_\_\_

Social Security Number or Alien Number (if Immigration case): \_\_\_\_\_

(IRS cases only) Tax Year(s) or Tax Period(s): \_\_\_\_\_

Federal Agency Involved \_\_\_\_\_

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