



## 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.

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\*First Name

\*Middle Initial

\*Last Name

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\*Residential Street Address

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\*City, State and Zip Code

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Mailing Address – if different from residential

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Work Telephone Number

\*Home Telephone Number

Cell Phone Number

---

E-mail Address

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\*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 (1-485)

Immediate Relative Petition (1-130)

Application for Travel Documents (1-131)

Type:  Advance Parole  Refugee Travel Document  Re-Entry Permit

Employment Authorization Document (1-765)

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/date/year) \_\_\_\_\_

Have you moved since you filed? Yes\_\_\_ No\_\_\_

Did you inform CIS? Yes\_\_\_ No\_\_\_

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:**

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First Name

Middle Initial

Last Name

---

Your Residential Address

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Work Telephone Number

Home Telephone Number

Cell Phone Number

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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? Yes\_\_\_ No\_\_\_

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  
8436 West Third Street, Suite 600  
Los Angeles, CA 90048  
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652-3095 (818) 878-  
7400  
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