## **RIGHT TO PRIVACY ACT RELEASE FORM**

United States Senator Daniel K. Akaka has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to his office. In accordance with the Privacy Act of 1974 (5 U.S.C. 552a), I give Senator Akaka authority to act on my behalf.

Name:

Signature:

Date of Birth (mm/dd/yyyy):

Social Security Number (SSN):

Telephone number(s):

## Please send or fax completed form and supporting documents to:

Senator Daniel K. Akaka 300 Ala Moana Boulevard, Suite 3-106 Box 50144 Honolulu, HI 96850

Fax: (808) 545-4683

Do you currently have a case pending before a state or federal court pertaining to this matter?

YES: NO: (Check one)

## U.S. Senator Daniel K. Akaka

Washington: 141 Hart Senate Office Building, Washington, DC 20510 (tel) 202-224-6361 (fax) 202-224-2126 Honolulu: 300 Ala Moana Blvd., Ste. 3-106, Box 50144, Honolulu, HI 96850 (tel) 808-522-8970 (fax) 808-545-4683 Website: www.akaka.senate.gov

## **CASEWORK INFORMATION**

Name: (Mr./Ms.)			
Social Security Number:		Date of Birth:	
Address:			
City:	State	ZIP	
Phone:	E-Mail:		
Please provide the following	ng information if applic	able to your request:	
ACTIVE MILITARY AND VETERANS			
ID Number: E	Branch and Dates of Service: _		
<b>IMMIGRATION</b> (Attach a copy of Receipt Not	ice from U.S. Citizenship and	Immigration Services if available)	
Receipt Number:			
Petitioner:	Beneficiary:		
Description of Request:			