Consent for Release of Personal Records by Executive Agencies

Please complete and return to the following address:

Congresswoman Mazie K. Hirono
5-104 Prince Kuhio Bldg.
300 Ala Moana Blvd.
Honolulu, Hawai'i 96850

Phone: (808) 541-1986 Fax: (808) 538-0233

Date of Birth
Claim # (if applicable)
rials about this problem? If yes, who?

(over please)

PLEASE EXPLAIN YOUR PROBLEM AND WHAT YOU WOULD LIKE FOR THI OFFICE TO DO ON YOUR BEHALF:
If you wish to authorize the release of information regarding your case to a third party, please provide their names:
I have sought assistance from Congresswoman Mazie K. Hirono on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.
I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congresswoman Hirono or any authorized member of her staff until this matter is resolved. I also affirm that the above information is accurate.
Signature: Date: