

COLLEEN W. HANABUSA

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Congress of the United States
House of Representatives
Washington, DC 20515-1101

**COMMITTEE ON
ARMED SERVICES**

SUBCOMMITTEES:
READINESS
OVERSIGHT AND INVESTIGATIONS

**COMMITTEE ON
NATURAL RESOURCES**

SUBCOMMITTEES:
INDIAN AND ALASKA NATIVE AFFAIRS
FISHERIES, WILDLIFE, OCEANS & INSULAR AFFAIRS

RELEASE AND AUTHORIZATION

In accordance with the Privacy Act of 1974 I hereby authorize U.S. Representative Colleen Hanabusa to make inquiries on my behalf and receive copies of my personal records and/or other information from my official files.

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME TELEPHONE: _____

EMAIL: _____

FEDERAL AGENCY INVOLVED: _____

MILITARY PERSONNEL PLEASE COMPLETE THE FOLLOWING:

Branch of Service: _____

Veterans Claim Number: _____

FILE CASE NO. (If applicable, otherwise leave blank): _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

Have you contacted any other member of Congress for assistance regarding this case? YES NO

Who did you contact? _____

Have you consulted with an attorney regarding your case? YES NO

By signing below I am requesting the assistance of Congresswoman Colleen Hanabusa and her staff. I acknowledge that the information that I provide will be complete and truthful and that any failure on my part to provide complete and truthful information may result in the immediate termination of assistance by Congresswoman Hanabusa and her staff.

SIGNATURE: _____

DATE: _____

Please return the original, complete, and signed form to:

U.S. Representative Colleen Hanabusa
300 Ala Moana Boulevard, Room 4-104
Honolulu, Hawaii 96850

Please provide a signed, written description of your request on a separate page.

Providing as much detail as possible will improve our ability to assist you.