

Office of United States Senator Brian Schatz

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PRIVACY RELEASE FORM

To protect your privacy, the Privacy Act of 1974 requires that you provide written permission authorizing officials to release information about you. Please complete, manually sign in ink, and return this form to our Honolulu office via mail, fax, or e-mail.

Person 1: Mr. _____ Person 2: Mr. _____
 Mrs. NAME: First Last Mrs. NAME: First Last
 Ms. Ms.

Mailing Address: _____
Number Street Name City State Zip Code

Physical Address (if different from above): _____
Number Street Name City State Zip Code

List Preferred Phone Number(s): Home _____ Mobile _____ Work _____

Email Address: _____ Reference, Case, or CSA Number(s): _____

Agency: Internal Revenue Service; Centers for Medicare & Medicaid Services; Social Security Administration; Office of Personnel Management
 Department of Defense; Veterans Affairs; Other (please specify): _____

Social Security Number(s): Person 1 _____ Person 2 _____

THIRD PARTY AUTHORIZATION: Complete this section to authorize our office to communicate with a third party that you identify (such as an attorney, family member, or friend). Please list this person's name, relationship, and contact information. Please sign YOUR initials.	
Name: _____	Relationship: <input type="checkbox"/> Attorney; <input type="checkbox"/> Other (please specify): _____
Email Address: _____	Phone Number: _____ Initials: _____ / _____ Date: _____
	Person 1 / Person 2

I authorize the sharing of information from my official file with Senator Brian Schatz and his staff. I understand that any information I provide may be shared with federal, state, and county officials. I certify that all information provided is true and complete to the best of my knowledge. This authorization remains in effect until I revoke it with a signed termination notice.

Signature 1: _____ Date _____ Signature 2: _____ Date _____

What other offices have you contacted? Senator Hirono; Congresswoman Gabbard; Congresswoman Hanabusa; Other _____