

## Office of United States Senator Brian Schatz

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### PRIVACY RELEASE FORM

To protect your privacy, the Privacy Act of 1974 requires you provide written permission authorizing appropriate officials to release any information about you. Please complete, sign, and return this form.

Petitioner Name (circle): Mr./Ms./Mrs. \_\_\_\_\_ Petitioner Status (check one):  US Citizen;  Lawful Permanent Resident

Mailing Address: \_\_\_\_\_  
Number Street City State Zip

Phone Numbers: Home \_\_\_\_\_ Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Agency (check one)  US Citizenship & Immigration Service  Other (please specify): \_\_\_\_\_

Beneficiary Name (circle): Mr./Ms./Mrs. \_\_\_\_\_  
Current Name Other Names if Applicable

Alien Number or Receipt Number: \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Beneficiary is Petitioner's (check one):  Spouse;  Child;  Parent;  Sibling;  Fiancé/Fiancée;  Other (please specify): \_\_\_\_\_

If you are working with an attorney or personal representative and you want us to discuss your case with them, please complete this section.

Name: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

*I authorize you to discuss my inquiry with the individual listed above.* Initials: \_\_\_\_\_

*I hereby authorize the sharing of information from my official file with Senator Brian Schatz and his staff. I acknowledge that this authorization does not expire and that I may revoke it at any time by executing and delivering a signed termination notice.*

Petitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Beneficiary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List the names of other Congressional Member you have contacted: \_\_\_\_\_