

# 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.

Name 1: (circle) Mr./Ms./Mrs. \_\_\_\_\_ Name 2: (circle): Mr./Ms./Mrs. \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Number Street City State Zip Code

Mailing Address: (if different) \_\_\_\_\_  
Number Street City State Zip Code

Phone Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number (last four digits only): Person 1 \_ \_ \_ \_ Person 2 \_ \_ \_ \_

Federal Agency or Entity: \_\_\_\_\_ Reference number (if applicable): \_\_\_\_\_

If you are working with an attorney or personal representative and you want us to discuss your case with them, fill in below and initial.

Name: \_\_\_\_\_ Title or Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*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.*

Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

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