

OFFICE OF U.S. SENATOR BRIAN SCHATZ

300 Ala Moana Boulevard, Room 7-212 • Honolulu, Hawaii 96850
PH: (808)523-2061 • FAX: (202)228-1153 • casework@schatz.senate.gov

PRIVACY RELEASE FORM: (1) fill in form; (2) print hardcopy; (3) sign with a blue or black pen; (4) return to us via mail, fax, or email.

PERSON 1

Name: ☐ Mr. ☐ Mrs. ☐ Ms. _____ **Phone:** _____
First Middle Last

Mailing & Physical Address(es): _____

Email Address: _____ **Reference Number:** _____

PERSON 2

Name: ☐ Mr. ☐ Mrs. ☐ Ms. _____ **Phone:** _____
First Middle Last

Mailing & Physical Address(es): _____

Email Address: _____ **Reference Number:** _____

Relationship of Person 2 to Person 1: ☐ Spouse; ☐ Widow(er); ☐ Son/Daughter; ☐ Parent; ☐ Sibling; ☐ Other: _____

REQUEST: please explain (1) your situation; (2) your unresolved issue; and (3) what assistance seek. Attach a second page if needed.

AGENCY AUTHORIZATION: I authorize Senator Schatz & his staff ("Office") to make inquiries on my behalf with the following agency/agencies:

THIRD PARTY AUTHORIZATION: I authorize this Office to receive and share information with the following:

Name: _____ **Relationship:** _____ **Phone:** _____ **Email:** _____

What other offices have you contacted: ☐ Senator Hirono; ☐ Congressman Case; ☐ Congresswoman Jill Tokuda; ☐ Other

AUTHORIZATION: Pursuant to the Privacy Act, I expressly give permission for the agency/agencies identified above to release information about me to this Office to the extent allowed by law. I understand that any information I provide may be shared with federal, state, and county officials. I certify that all information and documents that I provide are true and complete to the best of my knowledge.

Signature 1

Date

Signature 2

Date