

# OFFICE OF U.S. SENATOR BRIAN SCHATZ

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**PRIVACY RELEASE FORM: (1) complete form; (2) print landscape copy; (3) sign with a blue or black pen; (4) return via mail or email.**

PERSON 1

Name: ☐ Mr. \_\_\_\_\_ ☐ Mrs. \_\_\_\_\_ ☐ Ms. \_\_\_\_\_  
First Middle Initials Last Phone: \_\_\_\_\_

Mailing & Physical Address(es): \_\_\_\_\_  
City State Zip Code

Email Address: \_\_\_\_\_ Reference Number: \_\_\_\_\_

PERSON 2

Name: ☐ Mr. \_\_\_\_\_ ☐ Mrs. \_\_\_\_\_ ☐ Ms. \_\_\_\_\_  
First Middle Initials Last Phone: \_\_\_\_\_

Mailing & Physical Address(es): \_\_\_\_\_  
City State Zip Code

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