

OFFICE OF U.S. SENATOR BRIAN SCHATZ

300 Ala Moana Boulevard, Room 7-212 • Honolulu, Hawaii 96850

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PRIVACY RELEASE FORM: (1) complete form, (2) sign with blue or black pen, and (3) return to the Honolulu office via mail or email.

PERSON 1:

- ☐ Petitioner
☐ Applicant
☐ Constituent

- ☐ Mr.
☐ Mrs.
☐ Ms.

First Middle Last Other Name

Phone: Email:

Mailing Address: City State Zip Code

Birth Date: Birth Country: Alien #: Passport #:

STATUS:

- ☐ US Citizen
☐ Permanent Resident
☐ Business or Non-Profit
☐ Other (specify):

PERSON 2:

- ☐ Beneficiary
☐ Derivative
☐ Applicant

- ☐ Mr.
☐ Mrs.
☐ Ms.

First Middle Last Other Names

Phone: Email:

Mailing Address:

Birth Date: Birth Country: Alien #: Passport #:

STATUS:

- ☐ US Citizen
☐ Permanent Resident
☐ Other (specify):

Relationship to Person 1 : ☐ Spouse; ☐ Son/Daughter; ☐ Parent; ☐ Sibling; ☐ Fiancé(e); ☐ Employee; ☐ Other:

CASE INFORMATION

Form #: Filing/Priority Date: Receipt #:

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Visa Type/Category:

Visa Reference #:

Other Reference#:

AGENCY INVOLVED: Indicate which agency/agencies you authorize to release your information to Senator Schatz and his staff.

- ☐ Department of Homeland Security (DHS); ☐ Customs & Border Protection (CBP); ☐ Immigration & Customs Enforcement (ICE);
☐ US Citizenship & Immigration Services (USCIS) - specify service center/field office:
☐ Dept. of State; ☐ National Visa Center (NVC); ☐ Embassy/Consulate (specify): ☐ Other (specify):

AUTHORIZATION: I hereby authorize Senator Brian Schatz and his staff ("Office") to make inquiries on my behalf. Pursuant to the Privacy Act I expressly give permission for the agency/agencies identified to release information from my records to this Office to the extent allowed by law. Under penalty of perjury I certify that: (1) I provided or authorized all of the information on this privacy release; (2) I reviewed and understand all information and documentation provided to this Office; and (3) all the information and documents provided to this Office are complete, true, and correct.

NAME (Petitioner, Applicant, or Constituent): Date

SIGNATURE ("wet" signature using a pen; no electronic signature or digital image)

OTHER REQUESTS FOR ASSISTANCE: *Please indicate who else you have contacted to assist with your case. Check all that apply.*

☐ Senator Mazie Hirono

☐ Congressman Ed Case

☐ Congresswoman Jill Tokuda

☐ Attorney (provide name): _____

☐ Other (provide name & title): _____

OPTIONAL - THIRD PARTY DESIGNATION: *List any third party/parties (e.g. your attorney, family member, friend) that you give us permission to receive information from and communicate with about your case. Sign below with a blue or black pen.*

Name ☐ Mr. _____
☐ Mrs. _____
☐ Ms. _____

Phone: _____

Relationship/Title: _____

Email: _____

Name: ☐ Mr. _____
☐ Mrs. _____
☐ Ms. _____

Phone: _____

Relationship/Title: _____

Email: _____

Third Party Authorization: *I authorize the Office of Senator Brian Schatz ("Office") to receive and share information with the person(s) listed above. This third party authorization shall remain in effect until I send the Office a signed revocation notice.*

Person 1 (Print Name) _____ **Signature:** _____ **Date:** _____