

OFFICE OF U.S. SENATOR BRIAN SCHATZ

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

PERSON 1

(check all that apply)

- Military Member
- Dependent/Beneficiary
- Veteran
- Taxpayer
- Federal Retiree
- Guardian
- Deceased
- Other *(specify below)*

Name: Mr. Mrs. Ms. _____ **Date of Birth:** _____
First Middle Last

Phone: _____ **Email:** _____ **Date of Death:** _____

Address: _____

Social Security or Tax ID #: _____ **Civil Service Annuity (CSA or CSF) #:** _____

Medicare Beneficiary Identifier (MBI) #: _____ **Reference/File #:** _____

PERSON 2

(check all that apply)

- Military Member
- Dependent/Beneficiary
- Veteran
- Taxpayer
- Federal Retiree
- Guardian
- Deceased
- Other *(specify below)*

Name: Mr. Mrs. Ms. _____ **Date of Birth:** _____
First Middle Last

Phone: _____ **Email:** _____ **Date of Death:** _____

Address: _____

Social Security or Tax ID #: _____ **Civil Service Annuity (CSA or CSF) #:** _____

Medicare Beneficiary Identifier (MBI) #: _____ **Reference/File #:** _____

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

AGENCY AUTHORIZATION: *I authorize the checked agency/agencies to release information about me to Senator Schatz and his staff ("Office").*

- Department of Defense (DOD); Department of Veterans Affairs (VA); Social Security Administration (SSA); Centers for Medicaid & Medicare (CMS);
- Internal Revenue Service (IRS); Office of Personnel Management (OPM); Department of Education (ED); Other _____

THIRD PARTY AUTHORIZATION: *I authorize this Office to receive and share information with the following person(s)/office(s) :*

Name: _____ **Relationship/Title:** _____ **Phone:** _____ **Email:** _____

Hawaii Congressional Office(s)/Member(s) you have contacted: Senator Mazie Hirono Congressman Ed Case Congressman Kai Kahele

AUTHORIZATION: *I authorize this Office to make inquiries on my behalf. 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 provided are true and complete to the best of my knowledge.*

Signature 1: _____ **Date** _____ **Signature 2:** _____ **Date** _____

Please provide a summary of your unresolved federal issue(s).

What actions (if any) have you taken to resolve this issue? Please explain any progress you have made.

What assistance and outcome are you seeking from our Office?

What agencies have you contacted on this issue. Please include the agency name, contact person, and contact information if available.