

# Office of United States Senator Brian Schatz

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## PRIVACY RELEASE FORM

To protect your privacy, the Privacy Act of 1974 requires that you provide written permission authorizing officials to release information about you. Please complete, manually sign in ink, and return this form to our Honolulu office via mail, fax, or email.

Name 1: Mr. \_\_\_\_\_ Name 2: Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_ Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_ Ms. \_\_\_\_\_  
NAME: First Last NAME: First Last

Mailing Address: \_\_\_\_\_  
Number Street Name City State Zip Code

Physical Address (if different from above): \_\_\_\_\_  
Number Street Name City State Zip Code

List Preferred Phone Number(s): Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_ Reference or Case Number(s): \_\_\_\_\_

Agency Names: \_\_\_\_\_

Social Security or Tax ID Number: Name 1: XXX - XX - \_\_\_\_\_ Name 2: XXX - XX - \_\_\_\_\_ Tax ID # \_\_\_\_\_

**THIRD PARTY AUTHORIZATION:** Complete this section to authorize our office to communicate with a third party that you identify (such as an attorney, family member, or friend). Please list this person's name, relationship, and contact information. Please sign **YOUR** our initials.

Name: \_\_\_\_\_ Relationship: Attorney;  Other (please specify): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Initials: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Name 1 / Name 2

*I authorize the sharing of information from my official file with Senator Brian Schatz and his staff. I understand that any information I provide may be shared with federal, state, and county officials. I certify that all information provided is true and complete to the best of my knowledge. This authorization remains in effect until I revoke it with a signed termination notice.*

Signature 1: \_\_\_\_\_ Date \_\_\_\_\_ Signature 2: \_\_\_\_\_ Date \_\_\_\_\_

What other offices have you contacted?  Senator Hirono;  Congresswoman Gabbard;  Congresswoman Hanabusa;  Other \_\_\_\_\_