

PRIVACY RELEASE: *Please complete this form, sign with a blue or black pen, and return to the Honolulu office via mail, fax, or email.*

PERSON 1:
 Petitioner
 Applicant
 Constituent

Mr. _____
 Mrs. _____
 Ms. _____
First Middle Last
Phone: _____ **Email:** _____

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

Mailing Address: _____

Birth Date: _____ **Birth Country:** _____ **Alien #:** _____ **Passport #:** _____

PERSON 2:
 Beneficiary
 Derivative
 Applicant

Mr. _____
 Mrs. _____
 Ms. _____
First Middle Last Other Names
Phone: _____ **Email:** _____

STATUS:
 US Citizen
 Permanent Resident
 Other (specify): _____

Mailing Address: _____

Birth Date: _____ **Birth Country:** _____ **Alien #:** _____ **Passport #:** _____

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

CASE INFORMATION

Form #: _____ Filing/Priority Date: _____ Receipt #: _____	Visa Type/Category: _____
Form #: _____ Filing/ Priority Date: _____ Receipt #: _____	Visa Reference #: _____
Form #: _____ Filing/ Priority Date: _____ Receipt #: _____	Other Reference#: _____

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

Dept. of Homeland Security; US Citizenship & Immigration Services; Customs & Border Protection; Immigration & Customs Enforcement; Passport Office
 Dept. of State; National Visa Center; Embassy/Consulate (specify): _____ Other (specify): _____

AUTHORIZATION: *By signing below, I 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 the Office to the extent allowed by law. Under penalty of perjury I certify that: (1) I provided or authorized all the information on this release; (2) I reviewed and understand all information and documentation provided to the Office; and (3) all information and documents provided to the Office are complete, true, and correct.*

Print Name (Petitioner, Applicant, or Constituent): _____ Date: _____

Signature (sign hardcopy of form; no electronic signature or digital image of a signature) _____

OTHER REQUESTS FOR ASSISTANCE

Please list the names of others you have contacted about this matter (examples: congressional offices, state or county agencies, federal departments).

OPTIONAL - THIRD PARTY DESIGNATION: List any third party/parties (e.g. your attorney, family member, friend) that you give us permission to communicate with about your case. Manually sign below.

Name: _____

Phone: _____

Relationship/Title: _____

Email: _____

Name: _____

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 - Signature: _____

Date: _____

Person 2 - Signature: _____

Date: _____