

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 Congresswoman Jill Tokuda

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** _____