

OFFICE OF U.S. SENATOR BRIAN SCHATZ

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PRIVACY RELEASE FORM: (1) fill in form; (2) print hardcopy; (3) sign with a blue or black pen; (4) return to us via mail, fax, or email.

PERSON 1	Name: <input type="checkbox"/> Mr. _____ Phone: _____ <input type="checkbox"/> Mrs. _____ <input type="checkbox"/> Ms. <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____
	Mailing & Physical Address(es): _____
	Email Address: _____ Reference Number: _____

PERSON 2	Name: <input type="checkbox"/> Mr. _____ Phone: _____ <input type="checkbox"/> Mrs. _____ <input type="checkbox"/> Ms. <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____
	Mailing & Physical Address(es): _____
	Email Address: _____ Reference Number: _____
	Relationship of Person 2 to Person 1: <input type="checkbox"/> Spouse; <input type="checkbox"/> Widow(er); <input type="checkbox"/> Son/Daughter; <input type="checkbox"/> Parent; <input type="checkbox"/> Sibling; <input type="checkbox"/> Other: _____

REQUEST: please explain (1) your situation; (2) your unresolved issue; and (3) what assistance seek. Attach a second page if needed.

AGENCY AUTHORIZATION: I authorize Senator Schatz & his staff ("Office") to make inquiries on my behalf with the following agency/agencies:

THIRD PARTY AUTHORIZATION: I authorize this Office to receive and share information with the following:

Name: _____ **Relationship:** _____ **Phone:** _____ **Email:** _____

What other offices have you contacted: Senator Hirono; Congressman Case; Congresswoman Jill Tokuda; Other

AUTHORIZATION: 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 that I provide are true and complete to the best of my knowledge.

Signature 1	Date	Signature 2	Date
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