

PRIVACY RELEASE FORM: *Please complete this form, sign hard copy with a pen, and return to us 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 Petitioner: 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.*

Department of Homeland Security (DHS); Customs & Border Protection (CBP); Immigration & Customs Enforcement (ICE);
 US Citizenship & Immigration Services (USCIS) - specify service center/field office: _____
 Dept. of State; National Visa Center (NVC); Embassy/Consulate (specify): _____ Other (specify): _____

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

NAME (Petitioner, Applicant, or Constituent): _____ Date _____

SIGNATURE ("wet" signature using a pen; no electronic signature or digital image) _____

OTHER REQUESTS FOR ASSISTANCE: *Please indicate who else you have contacted to assist with your case. Check all that apply.*

- Senator Mazie Hirono
- Congressman Ed Case
- Congresswoman Jill Tokuda
- Attorney (provide name): _____
- Other (provide name & title): _____

OPTIONAL - THIRD PARTY DESIGNATION: *List any third party/parties (e.g. your attorney, family member, friend) that you give us permission to receive information from and communicate with about your case. Sign below with a blue or black pen.*

Name Mr. _____ **Phone:** _____
 Mrs. _____
 Ms. _____

Relationship/Title: _____ **Email:** _____

Name: Mr. _____ **Phone:** _____
 Mrs. _____
 Ms. _____

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 (Print Name) _____ **Signature:** _____ **Date:** _____

Person 2 (Print Name) _____ **Signature:** _____ **Date:** _____