

Office of U.S. Senator Mazie K. Hirono

RELEASE AND AUTHORIZATION - GENERAL

Contact Information

Full Name _____

Mailing Address _____

Email Address _____ Phone Number _____

Case Information

Please provide your Social Security number ONLY if you need assistance with your Social Security, Medicare, Internal Revenue Service, or Office of Personnel Management case:

Social Security # _____ Date of Birth _____

Case# or Annuitant Claim # _____
(CSA# or CSF#)

Which federal agencies have you contacted about this issue? _____

To Whom It May Concern:

I hereby authorize the Office of U.S. Senator Mazie K. Hirono to inquire about the following issue and to receive information and copies of all matters contained therein. Pursuant to the Privacy Act, I hereby release my records to Senator Hirono's office in connection with the matter below.

Explain the assistance you are requesting. You can also attach a letter of explanation with supporting documents.

Signature

Date

*Please return a signed copy of this form by mail, email or fax to:
Office of U.S. Senator Mazie K. Hirono
300 Ala Moana Blvd, Rm 3-106, Honolulu, HI 96850
HawaiiOffice@hirono.senate.gov, tel 808-522-8970, toll-free 844-478-3478, fax 808-545-4683*

Office of U.S. Senator Mazie K. Hirono

RELEASE AND AUTHORIZATION FORM – GENERAL

Third Party Authorization

If you authorize your attorney, a family member, or another third party to receive information and/or discuss your case with Senator Hirono's office, please provide their contact information below:

Name _____ Relationship _____

Email _____ Phone number _____

Name _____ Relationship _____

Email _____ Phone number _____

Your Contact Information

Full Name _____

Signature _____ Date _____

*Please return a signed copy of this form by mail, email or fax to:
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