COMMITTEE ON ARMED SERVICES
COMMITTEE ON THE JUDICIARY
COMMITTEE ON VETERANS' AFFAIRS



## **RELEASE AND AUTHORIZATION**

To Whom It May	Concern:	
I hereby authorize U	J.S. Senator Mazie K. F	Hirono to inquire about:
	_	
Privacy Act, I herebenefit; and that I h	by release my records to	I matters contained therein; and pursuant to the Senator Hirono to use on my behalf and for my Senator Hirono to pursue these matters for me and and to receive replies.
Print Full Legal Name		Last four digits of your Social Security Number
Signature	Date	Date of Birth
		Case #, Loan #, Claim #, Alien #, Registration #, etc.
Mailing Address		
	Street ac	ddress, City, State, Zip Code
Phone Number(s) _		
Email Address _		
Which federal agen	cies have you contactea	d about this issue?
Have you hired an o	attorney to represent yo	ou in this matter?

FULL NAME:
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MAZIE K. HIRONO

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## United States Senate

WASHINGTON, DC 20510-1104

Military and Veterans (Only fill out if your issue regards VA or military matters)
Military Branch/Rank:
Years Served:
Service-Connected Disability/Rating:
Mortgage and Foreclosure (Only fill out if your issue regards foreclosure or housing problems.)
Property Address:
Loan Number:
Servicer:
Investor:
<u>Immigration</u> (Only fill out if your issue regards immigration, citizenship or a U.S. Embassy)
Full Name of Beneficiary:
Country of Origin:

Please return a signed copy of this release form to Senator Hirono's Hawaii office by mail to 300 Ala Moana Blvd #3-106, Honolulu, HI 96850, via fax to 808-545-4683, or email hawaiioffice@hirono.senate.gov.

Alien Registration #: \_\_\_\_\_\_ Beneficiary's Date of Birth: \_\_\_\_\_

Beneficiary's Social Security #: \_\_\_\_\_ USCIS Form #: \_\_\_\_\_

Date Filed: USCIS Receipt #:

Embassy Case #: \_\_\_\_\_ Passport #: \_\_\_\_\_

Questions? Call Senator Hirono's Hawaii office at 808-522-8970