Office of U.S. Senator Mazie K. Hirono

RELEASE AND AUTHORIZATION - IMMIGRATION

Petitioner or Applicant

Full name _____ Date of birth _____

Mailing address _____ Country of birth _____

Email address _____ Phone _____

Beneficiary

Full name _____ Date of birth _____

Mailing address _____ Country of birth _____

Email address _____ Phone _____

Case Information (for applicant or beneficiary)

_____ Beneficiary's relationship to Petitioner

_____ USCIS form filed (I-130, I-485, etc)

_____ Date form filed (Priority Date)

_____ Alien registration # (A000-000-000)

_____ USCIS # (IOE, WAC, LIN, MSC, etc)

_____ Embassy case # (MNL, TKY, SYD, etc)

_____ Passport #

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.

I certify, under penalty of perjury, that I provided or authorized all of the information in this privacy release and any document submitted with it; I have reviewed and understand all of the information contained in my privacy release; and all of this information is complete and correct.

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

USCIS will only accept ***one signature per form*** - EITHER the petitioner OR beneficiary's signature.

Petitioner/Applicant _____ Signature _____ Date

Beneficiary _____ 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

Oct 2026 rev.

Office of U.S. Senator Mazie K. Hirono

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 _____

Petitioner/Applicant

Name _____

Signature _____

Date _____

Beneficiary

Name _____

Signature _____

Date _____

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