

# 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 # (WAC, LIN, NBC, IOE, etc) \_\_\_\_\_ Embassy case # (MNL, JPN, 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

# 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 \_\_\_\_\_

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