

# Office of U.S. Senator Mazie K. Hirono

## RELEASE AND AUTHORIZATION – MILITARY and VETERANS

### Contact Information

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Case Information

Military Branch / Rank \_\_\_\_\_ Years Served \_\_\_\_\_

Service-Connected Disability Rating \_\_\_\_\_ Case or Claim # \_\_\_\_\_

Which federal agencies have you contacted about this issue? \_\_\_\_\_

### 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 \_\_\_\_\_

### 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*