

U.S. Senator Jeanne Shaheen
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COMMITTEE ASSIGNMENTS

FOREIGN RELATIONS

APPROPRIATIONS

ARMED SERVICES

SMALL BUSINESS AND
ENTREPRENEURSHIP

Privacy Release Form

The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records. To better serve you, please complete this form entirely and return it to me. If you are enquiring on behalf of someone else, that person must sign this form. Please be advised that all information you provide on this form will be held in the strictest confidence by my office and will not be used for any other purpose other than your case.

___ Mr. ___ Mrs. ___ Ms. ___ Dr.

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Social Security Number: _____ **Date of Birth:** ___/___/___

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

I prefer to be contacted by:

___ Home Phone ___ Work Phone ___ Cell Phone ___ Email

Federal Agencies Involved _____

Have you contacted other Congressional or Senate offices about this issue? ___ Yes ___ No

If yes, whom have you contacted? _____

I freely and willingly authorize Senator Shaheen and her staff to make inquiries into my personal records, and/or files to obtain information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.

Signature _____ **Date** _____

Please print and sign this form and send it to:
1589 Elm Street, Ste. 3, Manchester, NH 03101 or fax to (603) 647-9352