

**U.S. Senator Jeanne Shaheen**  
New Hampshire

2 Wall Street, Suite 220  
Manchester, NH 03101  
(603) 647-7500  
Fax: (603) 647-9352

506 Hart Senate Office Building  
Washington, D.C. 20510  
(202) 224-2841  
Fax: (202) 228-3194

www.shaheen.senate.gov



**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. \_\_\_ Other Title (please write)

**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?** \_\_\_\_\_

**Have you or a family member ever served in the military?** \_\_\_ Yes \_\_\_ No

**How did you learn about our casework services?**

\_\_\_ I had a prior case \_\_\_ Friend or family member \_\_\_ Newsletter \_\_\_ Newspaper or TV \_\_\_ Other

**I authorize Senator Shaheen's office to communicate information about my case with the following individual (s) (For example: - lawyer - family member - friend - Veteran Service Officer (VSO) - caseworker)**

**Name (s):** \_\_\_\_\_

**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** \_\_\_\_\_

(If you are signing as the agent, you must attach the appropriate Power of Attorney documentation)

**Most agencies require a written signature. Please print and sign this form and send it to:**  
**2 Wall Street, Suite 220, Manchester, NH 03101 or fax to (603) 647-9352**

**Please briefly explain your problem.** In writing, provide a detailed account. Include any additional relevant correspondence that you have initiated or received concerning this matter.

**Please state how you would like Senator Shaheen to help you.**

**Military or Veterans' Issues**

Rank \_\_\_\_\_ Unit \_\_\_\_\_ Duty Station \_\_\_\_\_

Veteran's Case Number (if applicable) \_\_\_\_\_

**Medicare Issues**

I am having problems with: \_\_\_\_ Part A \_\_\_\_ Part B \_\_\_\_ Part D

Medicare Number : \_\_\_\_\_

**Social Security Issues**

Type of Claim Filed: \_\_\_\_\_

Has the claim been denied? \_\_\_\_ Yes \_\_\_\_ No Office you are dealing with: \_\_\_\_\_

**Financial Hardships**

If you are experiencing any of the hardships indicated below, please inform us by checking all that apply:

\_\_\_\_ Notice of Lien \_\_\_\_ Notice of Levy \_\_\_\_ Notice of Foreclosure

\_\_\_\_ Notice of Utility Shutoff \_\_\_\_ Notice of Eviction \_\_\_\_ Unemployment \_\_\_\_ Homelessness

*Please provide any copies of these notices to our office so we may inform the agency of the urgency.*

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