

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

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

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Place of Birth:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_ **A#** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**I prefer to be contacted by:** \_\_\_ Home Phone \_\_\_ Work Phone \_\_\_ Cell Phone \_\_\_ Email

**Check the Federal Agencies involved in your case:** \_\_\_ USCIS \_\_\_ NVC \_\_\_ DOS \_\_\_ CBP \_\_\_ ICE

**Have you contacted other Congressional or Senate offices about this issue?** \_\_\_ Yes \_\_\_ No

**If yes, whom have you contacted?** \_\_\_\_\_

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

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

**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.**

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please print and sign this form and send it to:**  
2 Wall Street, Suite 220, Manchester, NH 03101 or fax to (603) 647-9352 or email to  
[case\\_work@shaheen.senate.gov](mailto:case_work@shaheen.senate.gov)

**Please complete this page if you would like Senator Shaheen's office to share case updates with other people (e.g. family, friends, lawyer)**

**I authorize Senator Shaheen's office to communicate information about my case with the following individual(s):**

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

**Relation(s):** \_\_\_\_\_

**Email(s):** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_