

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.

Full Name: _____

Address: _____

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

Medicare Beneficiary Identifier: _____ **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, or a family member, ever served in the military? ___ Yes ___ No

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 authorize Senator Shaheen's office to communicate information about my case with the following individual (s) -lawyer- family member -friend:

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:
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 Veteran's Issues

Rank _____ Unit _____ Duty Station _____
Veterans Case Number _____

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 _____

Immigration Issues

Receipt Number _____ Name of Beneficiary _____
Alien Number A- _____ Date of Birth _____ Place of Birth _____
Type of Petition _____ Consulate Involved _____
Current Immigration Status _____

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