

**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.

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

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

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

**Social Security Number or Business EIN:** \_\_\_\_\_ **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** \_\_\_\_\_

**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.**

**Taxes or Internal Revenue Service (IRS) Issues**

Tax year (s) Involved: \_\_\_\_\_ Type of Return (s): \_\_\_ Amended \_\_\_ Original

*Please provide a **signed and dated** copy for each of the tax returns indicated above.*

Did you file any of these tax returns jointly? \_\_\_ Yes \_\_\_ No

(If yes, **both** taxpayers must sign this release and sign the copy of the tax return)

*If a tax return involves a decedent, please provide a copy of the death certificate in lieu of a second signature.*

If you are experiencing any of the hardships indicated below, please inform our office 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 IRS of the urgency.*

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