

U.S. Senator Jeanne Shaheen
New Hampshire

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Manchester, NH 03101
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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)

Service Member's 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 worked with a Veteran Service Officer (VSO)? ___ Yes ___ No ___ Unsure

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.

Service Member's 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 – General Information

Rank _____ Unit _____ Duty Station _____
Veteran's Case Number (if applicable) _____

Military Medals or Records Requests

Have you already submitted a request for medals or records? Yes ___ No ___

If yes, please provide the case number: _____

For all requests, please attach a completed copy of the *SF180– Request Pertaining to Military Records*

VA Compensation Claim Inquiries

Have you already submitted a claim? ___ Yes ___ No

If yes, what type: ___ Original Claim ___ Appealed Claim ___ Pension & Survivors Benefit Claim

Have you worked with a Veteran Service Officer (VSO) to prepare any claims? Yes ___ No ___

Do you also need assistance with Social Security Disability? Yes ___ No ___

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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