

U.S. Senator Jeanne Shaheen
New Hampshire

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APPROPRIATIONS
COMMITTEE

ARMED SERVICES
COMMITTEE

FOREIGN RELATIONS
COMMITTEE

COMMITTEE ON
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, 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 _____ **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, who have you contacted? _____

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

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 ☐ Part ☐ Part ☐

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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