



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 inquiring 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. Ms. Mrs. Dr.

Full Name: _____ **Date of Birth:** ____ / ____ / ____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Social Security #: _____ **Home Phone:** _____ **Cell Phone:** _____

Email: _____ **Preferred Method of Contact:** _____

I am having difficulty with _____ (ex. VA, IRS, Social Security, Medicare)

(AGENCY NAME)

Please briefly explain your problem. Include a detailed description of the matter and the resolution you are seeking.

I have also contacted (check any that apply): ***Sen. Jeanne Shaheen*** ***Rep. Annie Kuster*** ***Rep. Chris Pappas***
Governor Chris Sununu ***Other:*** _____

I give consent for you to share information with the above elected official/s regarding my case: Yes No

Please list information for any other person whom you would like us to have authorization to communicate with regarding your case (i.e. family member or attorney), if applicable:

Name: _____ Phone: _____ Relationship: _____

Email: _____

I give consent for you to contact the above person above regarding my case: **Yes** **No**

I freely and willingly authorize Senator Hassan 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:** _____

NOTE: Please sign above (do not type)