



MAGGIE HASSAN

United States Senator *for* New Hampshire

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>I have also contacted (check any that apply):</i>	<i>Sen. Jeanne Shaheen</i>	<i>Rep. Annie Kuster</i>	<i>Rep. Chris Pappas</i>
	<i>Governor Chris Sununu</i>	<i>Other: _____</i>	
<i>I give consent for you to share information with the above elected official/s regarding my case:</i>	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>I give consent for you to contact the above person above regarding my case:</i>	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)

Complete the following fields if applicable to your case:

Military or Veteran Issues

Rank: _____ Unit: _____
Duty Station: _____ Veterans Case Number: _____
Branch: _____ Dates of Service: _____

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 working with: _____

Immigration Issues

USCIS Receipt Number and/or NVC Case Number: _____
Type of Petition/Form: _____ Consulate or Office Involved _____
Name of Beneficiary (if applicable): _____ Date of Birth: _____
Alien Number: _____ Place of Birth: _____

One of the Senator's key responsibilities is helping Granite Staters identify federal resources and solve problems related to federal agencies. While our office cannot guarantee a favorable outcome, we will do our best to obtain a fair and timely response to your concerns. In instances where the issue does not involve a federal agency (such as judicial or state matters), our office will make every effort to direct you to the appropriate resources.

If you are unable to email the completed form, please mail or fax a signed copy to our Portsmouth office:

**Office of Senator Maggie Hassan
Attn: Constituent Services
14 Manchester Square
Suite 140
Portsmouth, NH 03801
P: (603) 433-4445
F: (603) 433-4447**

In addition, please provide copies of any relevant documentation that may help our office assist you with your issue.