

# PRIVACY ACT RELEASE FORM

In accordance to the Privacy Act of 1974 (5 U.S.C. 552A), U.S. Senator Daniel Akaka has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to his office.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT NO.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FILE CASE NO. [If applicable]: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH [MM/DD/YYYY]: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PLEASE RETURN TO: U.S. SENATOR DANIEL K. AKAKA

300 ALA MOANA BOULEVARD, SUITE 3-106

HONOLULU, HI 96850

DESCRIPTION OF REQUEST: