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DEMOCRACTIC STEERING AND **POLICY COMMITTEE**

HOUSE DEMOCRACY PARTNERSHIP

RELEASE AND AUTHORIZATION

To Whom It May Concern: I hereby authorize U.S. Representative Mazie K. Hirono to inquire about	
which are contained in my personal	files at
Privacy Act, I hereby release my recommy benefit; and that I have specific	es of all matters contained therein; and pursuant to the ords to said Representative Hirono to use on my behalf and fically asked Representative Hirono to pursue these matters ters on my behalf and to receive replies thereto.
Print Name	Signature
Social Security Number	Date
Date of Birth	
Mailing Address	Street address, City, State, Zip Code
Phone Number(s)	
Email Address	

Please return this form to the Hawai'i District Office at 5104 Prince Kuhio Federal Building, Honolulu, HI 96850 or fax to 808-538-0233 Mahalo