



UNITED STATES SENATOR CLAIRE MCCASKILL

PRIVACY ACT RELEASE FORM

The provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent.

Accordingly, I authorize the staff of Senator Claire McCaskill to access any and all of my records that relate to the problem stated below.

Signature: _____ Date: _____

To begin processing your case, please complete the following information:

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Home Email: _____

Place of Work: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Work Email: _____

Federal Agency you need help with: _____
Social Security #: _____ Section 8 #: _____
Alien Registration #: _____ FEIN #: _____
Rank and Military Branch Service: _____ Service # _____

Do you currently have a case pending before a local, state, or federal court pertaining to this matter? YES: _____ or NO: _____ (mark one)

Briefly explain your problem or the information desired: _____

PLEASE MAIL OR FAX YOUR COMPLETED FORM TO ONE OF OUR OFFICES:

Columbia
915 E. Ash St.
Columbia, MO 65201
Fax: 573.442.7140

Kansas City
400 E. 9th St., Plaza Level 40
Kansas City, MO 64106
Fax: 816.421.2562

St. Louis
5850A Delmar Blvd.
St. Louis, MO 63112
Fax: 314.361.8649

Office of Senator Claire McCaskill
Privacy Act Release Form 2/15/2007

FOR OFFICE USE ONLY

DATE RECEIVED: _____ **RECEIVED BY:** _____

ASSIGNED CASEWORKER: _____