

NOTE: This form is fillable online. However, it still must be printed in order to complete the signature and explanation sections.



**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:

Prefix: \_\_\_\_\_ 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  
4141 Pennsylvania Avenue Ste 101  
Kansas City, MO  
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:** \_\_\_\_\_