

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



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:

<u>Columbia</u> 28 North 8 th St., Ste. 500 Columbia, MO 65201 Fax: 573.442.7140	<u>Kansas City</u> 4141 Pennsylvania Ave., Ste. 101 Kansas City, MO 64111 Fax: 816.421.2562	<u>Springfield</u> 324 Park Central West, Ste. 101 Springfield, MO 65806 Fax: 417.831.1349	<u>St. Louis</u> 5850 Delmar Blvd., Ste. A St. Louis, MO 63112 Fax: 314.361.8649
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Office of Senator Claire McCaskill
Privacy Act Release Form 7/10/2014

FOR OFFICE USE ONLY

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

ASSIGNED CASEWORKER: _____