

United States Senate

PRIVACY RELEASE FORM

Please fill out this form so that the office of Senator Murray can assist you in the matter you describe below. Pursuant to Public Law 93-579, the Privacy Act of 1974, our office ordinarily cannot assist individuals in dealing with federal agencies without their express written consent.

1

Mr. Mrs. Ms. Full Name: _____

Date of Birth: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

If applicable, please provide us with the following information:

Alien Registration #: _____ Branch of Service: _____

USCIS Case/ Receipt #: _____ Rank: _____

Receipt/ Priority Date: _____ Veteran's Claim #: _____

Housing Loan/ Account #: _____ Social Security #: _____

2

In the space provided below please provide a brief explanation of your reason for requesting assistance from Senator Patty Murray's office, if necessary please include a separate sheet with a continuation of your reason for requesting assistance. Please attach copies of any supporting documents separately: _____

3

I, _____, hereby request and authorize the Office of Senator Patty Murray and her staff to intercede on my behalf related to the matter described above, including the right to receive any information contained in my file, to forward a correspondence sent by me/us regarding this matter, or any other action I have related to the matter described above

I understand that any documents I provide to Senator Patty Murray or her staff may be copied and forwarded to others in relation to this matter. I also understand that this inquiry may not conclude in my best interest. I sign this Privacy Act waiver in good conscience and without mental reservation.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Additional signature required if information is also in spouse/representative/beneficiary's name **or** if you want our office to share findings regarding your request with a third party, including family member, friend or legal representative)

You may submit this form electronically by sending it to casework@murray.senate.gov

SEATTLE OFFICE:
2988 Jackson Federal Building
915 2nd Avenue
Seattle, WA 98174
PHONE: 206-553-5545
FAX: 206-553-0891

SPOKANE OFFICE:
10 North Post Street
Suite 600
Spokane, WA 99201
PHONE: 509-624-9515
FAX: 509-624-9561

VANCOUVER OFFICE:
The Marshal House
1323 Officers Row
Vancouver, WA 98661
PHONE: 360-696-7797
FAX: 360-696-7798

TACOMA OFFICE:
950 Pacific Avenue
Room 650
Tacoma, WA 98402
PHONE: 253-572-3636
FAX: 253-572-9488