

# 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 cannot assist individuals 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 with any federal agency relevant to the matter described above, including the right to receive any information contained in my file that she or her staff deems necessary, to forward any pertinent correspondence sent by me/us regarding this matter, or any other action I have pending with any federal agency relevant to the matter described above and therefore, waive all rights in the release of any and all related information and records.*

*I understand that any documents I provide to Senator Patty Murray or her staff may be copied and forwarded to officials of the relevant agency for review. I also understand that this inquiry may not conclude in my best interest. I sign this 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](mailto: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:**  
920 West Riverside Avenue  
Suite 485  
Spokane, WA 99201  
PHONE: 509-624-9515  
FAX: 509-624-9561

**TACOMA OFFICE:**  
1301 A Street  
Suite 213  
Tacoma, WA 98402  
PHONE: 253-572-3636  
FAX: 253-572-9488