



# United States Senator Michael D. Crapo

## Privacy Release Form

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Preference: E-mail \_\_\_\_\_ USPS mail \_\_\_\_\_

Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Regarding:

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\*Please feel free to attach additional information and documentation.

Due to the Privacy Act of 1974 (PL 93-579), Federal and State agencies are prohibited from releasing information or discussing anything regarding another individual without that person's written permission. Your signature on this page authorizes me, and/or my representatives, to contact the proper officials on your behalf, discuss the issue, and receive any pertinent information. Your signature also gives me permission to send a copy of this form and any attached letters or supporting documentation to the appropriate agency.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Southwestern**  
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**Eastern Idaho, North**  
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