



United States Senator Michael D. Crapo

Privacy Release Form

Name: _____

Home Phone: _____ Alternate Phone: _____

Address: _____ City and Zip: _____

E-mail: _____ Case Number: _____

Date of Birth: _____ Social Security Number: _____

Regarding:

*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: _____

Idaho State
251 E. Front St.
Suite 205
Boise, ID 83702
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(208)334-9044 fax

Southwestern
524 E. Cleveland Blvd.
Suite 220
Caldwell, ID 83605
(208)455-0360
(208)455-0358 fax

Eastern Idaho, North
490 Memorial Dr.
Suite 102
Idaho Falls, ID 83402
(208)522-9779
(208)529-8367 fax

Eastern Idaho, South
275 S. 5th Ave.
Suite 225
Pocatello, ID 83201
(208)236-6775
(208)236-6935 fax

South-Central
202 Falls Ave.
Suite 2
Twin Falls, ID 83301
(208)734-2515
(208)733-0414 fax

North Idaho
610 Hubbard
Suite 209
Coeur d' Alene, ID
83814
(208)664-5490
(208)664-0889 fax

North-Central Region
313 'D' St.
Suite 105
Lewiston, ID 83501
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