

IDAHO SENATOR  
**MIKE CRAPO**

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**PRIVACY RELEASE FORM**

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Legal Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Please complete only applicable fields to your case:

Date of Birth: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ Service #: \_\_\_\_\_ CSA #: \_\_\_\_\_

Alien #: \_\_\_\_\_ USCIS Receipt #: \_\_\_\_\_ Passport App #: \_\_\_\_\_

Visa Case #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

EIN#: \_\_\_\_\_ Loan #: \_\_\_\_\_ Other: \_\_\_\_\_

Please provide a detailed explanation of your concerns:

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

This form and associated documentation will be handled in accordance with Senator Crapo's Privacy Policy. Due to the Privacy Act of 1974 (PL 93-579), federal and state agencies may be unable to release personal information without my consent. My signature gives Senator Crapo and/or his representatives permission to contact officials and/or send a copy of this form and any attached letters or supporting documentation to agencies and/or organizations in connection with this matter. My signature authorizes all federal agencies to release information related to my case, to the extent permitted by law, to Senator Crapo and his staff. I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

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

Please sign and mail or fax to your nearest office:

**Southwestern,  
Main State Office**  
251 E. Front St. Suite  
205  
Boise, ID 83702  
(208)334-1776  
(208)334-9044 fax

**Eastern Idaho,  
North**  
410 Memorial Drive  
Suite 204  
Idaho Falls, ID 83402  
(208)522-9779  
(208)529-8367 fax

**Eastern Idaho,  
South**  
275 S. 5<sup>th</sup> Ave.  
Suite 100  
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**  
313 'D' St.  
Suite 105  
Lewiston, ID 83501  
(208)743-1492  
(208)743-6484 fax

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THIRD PARTY AUTHORIZATION FORM

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*Note: This is an optional page and is only required if you would like to give our office permission to speak with a third party concerning your case.*

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Senator Crapo's staff to share information about my case with the following individual(s).  
For example, you may wish to list a relative, friend, attorney or others.

\_\_\_\_\_

Have you contacted another congressional office? If yes, which office(s)?

\_\_\_\_\_

Do you give our office permission to discuss this issue with other Congressional Offices? Yes No

Signature \_\_\_\_\_