PRIVACY RELEASE FORM
From the Office of Congressman Mike Simpson

Name:_____Social Security #:_____DOB:_____

Mailing Address:_____City:_____ State: Idaho Zip:_____

Home Phone:_____Cell Phone:_____Work Phone:_____

E-mail Address:_____

Please explain in detail the nature of your problem (please attach additional paper if needed):

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I would like Congressman Simpson to:

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*Due to the **Privacy Act of 1974 (P.L. 93-579**), federal and state government agencies are prohibited from releasing information or discussing anything regarding another individual without the individual's written permission. Your signature on the page authorizes me, as a United States Representative, to contact the proper officials on your behalf, to discuss the matter and receive any information pertinent to you and your concerns.*

_____ _____
Signature Date

Please return to:

Congressman Mike Simpson 51 North Broadway, #108, Blackfoot, Idaho 83221, or fax to (208)523-2384 or e-mail to amy.sorensen@mail.house.gov.