

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: _____

Email Address: _____

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

I would like Congressman Simpson to: _____

*Due to the **Privacy Act of 1974 (P.L. 93-579)**, federal and state government agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission. Your signature on this 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 mail original form to the nearest office of Congressman Mike Simpson