

United States Senator James E. Risch

PRIVACY ACT RELEASE FORM

Address:		City and Zip:	
Home Phone:		Cell Number:	
E-mail:			
Preferred Communication met	<u>hod</u> □Home Phone	□Cell Number □E-mail	
Have you contacted another Co	ongressional Office? 🗆 Y	es 🗆 No	
If yes, which Office(s)?			
Only fields applicable to your c	ase are required:		
Date of Birth:	Soc	ial Security #:	
CSA#:	Service#:	Alien#:	
Passport Application #:		USCIS Receipt#:	
Visa Case#:	Country	of Birth:	
EIN#:	Loan#:	Other:	
EIN#:	Loan#:on of the situation for w tation to support your c	Other:hich you are requesting assistance from Senato	r Risch as

Please return this form to the Regional Office you are working with at the appropriate address listed below:

350 N. 9th St., Ste.302 Boise, ID 83702 Ph: 208-342-7985 Fax: 208-343-2458

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