



RELEASE OF INFORMATION FORM

I, the undersigned, declare the information I have provided for this application is true and complete to the best of my knowledge.

_____ Date: _____
(Signature of Applicant)

_____ Date: _____
(Signature of Parent or Guardian, if applicant is under 18)

The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission to do so. Therefore, Senator James E. Risch will need your signature below before he can obtain the necessary information from your records.

_____ Date: _____
(Signature of Applicant)