

**E. ACP ID Card**

**(FRONT)**

|  |                                   |
|--|-----------------------------------|
| <b>Office of the Victim Advocate<br/>Address Confidentiality Program</b> |                                   |
| <div style="border: 1px solid black; padding: 2px;">Not<br/>Valid</div>  | _____<br>Signature of Participant |
|  | _____<br>Name Printed             |
| Expires On   | ACP #                             |
| _____<br><b>Commonwealth of Pennsylvania</b>                             |                                   |

**(BACK)**

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| <p>This program participant is authorized to use the following address as<br/>created by 23 Pa. C.S.A. §6701 et seq</p> <p><b>P O Box # 2465<br/>Harrisburg, PA 17105-2465</b></p> <p>Authorization code, name, PO Box &amp; zip code shall be used on all<br/>correspondence for this participant.<br/>If you have any question regarding ACP or the valid use of this<br/>authorization card, please call:<br/>1-800-563-6399 TDD 1-877-349-1064<br/>Office Hours: 8 AM to 5 PM, Monday - Friday</p> |
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