

# Address Confidentiality Program (ACP)

All participants in this program will have a laminated authorization card that identifies the person. It will have the person name, date of birth authorization number, substitute address, expiration date and signature. An ACP participant must present his or her card in order for the substitute address to be accepted. All participant in this program should only used PO Box 60189 for the participant to received mail the authorization number must be enter in the computer.

*How to input ACP's applications in to the computer*

EXAMPLE:

## Adult card

Name CUSTOMER, ADULT A. Guardian.....  
Address BX 60189 City OKLA CITY State OK  
Zip 73146 Phone 555-1234 Bus Tel.....

## SPECIAL MAIL

Line 2 # 123  
Line 3 BX 60189  
City OKLA CITY State OK

## Student card

Name CUSTOMER, CHILD A. Guardian CUSTOMER, ADULT A.  
Address BX 60189 City OKLA CITY State OK  
Zip 73146 Phone 555-1234 Bus Tel.....

## SPECIAL MAIL

Line 2 CUSTOMER, ADULT A. # 123  
Line 3 BX 60189  
City OKLA CITY State OK