

Senator John Warner
Privacy Authorization Form

Contact Info:

235 Federal Building
180 West Main Street/P.O. Box 887
Abingdon, VA 24212
Main: 540-628-8158 Fax: 540-628-1036

NAME(S) _____ DATE _____

HOME ADDRESS _____

HOME PHONE _____ WORK PHONE _____

SSN# _____ DATE OF BIRTH _____

IF APPLICABLE:

VETERAN CLAIM # _____ LABOR/COMP.# _____

ALIEN REG. # _____ CSA/CSF # _____

EEOC CASE # _____ MILITARY RANK _____

DATE/PLACE OF DISCHARGE _____

MILITARY ORGANIZATION/ ADDRESS _____

OTHER PERTINENT INFO. _____

I, _____, hereby request and authorize Senator John Warner of Virginia, and/or members of his staff, to make an inquiry on my behalf.

CONSTITUENT SIGNATURE _____

NOTES:
