Senator John Warner
Privacy Authorization Form

Contact Info:

5309 Commonwealth Centre Parkway
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Midlothian, VA 23112

Main: 804-739-0247 Fax: 804-739-3478

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:

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