Senator John Warner
Privacy Authorization Form

Contact Info:

225 Russell Building
Washington, DC 20510
Main: 202-224-2023 Fax: 202-224-6295

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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