



Office of U.S. Senator John E. Sununu

Privacy Waiver Form

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Claremont, NH 03743
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Fax: (603) 542-6582

PLEASE PRINT CLEARLY

Date: _____

Staff Contact: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____

VA Number (If Applicable): _____

Date of Birth: _____

Dear Senator Sununu:

I am currently experiencing a problem with: _____
and request your assistance. I authorize you or a member of your staff to intervene on my behalf
with the appropriate federal agency.

Description of Problem: _____

Signature