

AUTHORIZATION FORM

Senator John Sununu

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office.

Date: _____

Name: _____

Address: _____

City and State: _____ *Zip:* _____

U.S. Senator John Sununu has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to his office.

Signature: _____

Date of Birth: _____

Social Security Number: _____

Telephone: _____

Do you currently have a case pending before a local, state, or federal court in regard to this matter?: _____