RELEASE OF INFORMATION

DATE_____

The Honorable Judd Gregg U. S. Senate New Hampshire

Dear Senator Gregg:

Signature:	Phone #:
Name: (PLEASE PRINT)	
Address:	SS#:
	Service #:
(Street)	۸.4.
	A#:

(City, State, Zip Code)

*****Please be sure to sign the form where indicated and provide your Social Security number or any other pertinent claim number. Also, please attach any copies of documents which you feel would assist in explaining your situation.

Thank you.