



September 11th
Victim Compensation Fund

OMB 1105-0092

	-		-	
--	---	--	---	--

Claimant's SSN or National ID Number

ATTESTATIONS AND CERTIFICATIONS FOR ELIGIBILITY FORM

G. AUTHORIZATION FOR COMMUNICATION AND CORRESPONDENCE

If an attorney or other authorized individual is assisting the Claimant (or Authorized Representative of the Claimant) with this claim and the Claimant (or authorized representative of the Claimant) wants to authorize the Victim Compensation Fund to communicate with this individual, please sign and date the following authorization.

I Authorize the Special Master, the Special Master's designees, the United States Department of Justice or agency contractors assisting in the administration of the Victim Compensation Fund to contact my attorney or other persons authorized to act on my behalf (if identified in Part I.C.) if the Special Master needs additional information or clarification about my claim.

Signature of Claimant or Authorized Representative
(e.g. legal guardian)

		/			/				
--	--	---	--	--	---	--	--	--	--

Date (mm/dd/yyyy)

Print Name