



# U.S. Victims of State Sponsored Terrorism Fund

## Applicant's Authorization For Communication and Correspondence

OMB No. 1123-0013  
Expires XX/XX/XXXX

If an Applicant (or authorized representative of the Applicant) wants to authorize the U.S. Victims of State Sponsored Terrorism Fund (the "Fund") to communicate with an individual regarding the claim, please provide the individual's name and contact information, and sign and date the following authorization.<sup>1</sup>

Last Name		First Name		Middle Name
Law Firm Name (if applicable)				
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Email Address		Telephone		Facsimile

I authorize the Special Master, the Special Master's designees, the U.S. Department of Justice, and agency contractors assisting in the administration of the Fund to contact the attorney or other person identified above regarding my claim.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Signature  
(mm/dd/yyyy)**

\_\_\_\_\_  
**Print Name**

<sup>1</sup> Applicants should not submit this form for attorneys or authorized representatives who were previously identified in the Application Form.