

Victims Compensation Assistance Program

Permission to Contact

Claimant's Name: _____

Claim Number: _____

To Whom It May Concern:

I, _____, give staff of _____ permission to contact the Victims Compensation Assistance Program regarding my claim submitted to the Victims Compensation Assistance Program.

Staff of the above-listed Victim Service Provider has permission to be carbon copied (cc) on all letters of correspondence. Furthermore, staff of this agency have the authorization to call and inquire about my claim as a means of assisting me through this process.

I understand I can revoke this permission at any time by calling the Victims Compensation Assistance Program at 1-800-233-2339.

Signature _____

Date _____