

Consent Letter for Witness Protection Enrollment

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby give my consent to enroll in the Witness Protection Program as administered by [Agency/Organization Name].

I understand that my participation in this program is voluntary and that I have the right to withdraw my consent at any time. I acknowledge that the purpose of the program is to ensure my safety and that of my family while I assist in legal proceedings.

I agree to comply with all terms and conditions outlined by the Witness Protection Program. Furthermore, I authorize the release of my personal information to the relevant authorities necessary for the implementation of the program.

Should I have any questions or require further clarification regarding my enrollment, I will contact [Contact Information of the relevant authority].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]