

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Recipient/Department]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

RE: Request for Waiver of Signature Discrepancies - [Application/Case Number]

To Whom It May Concern,

I am writing to formally request a waiver regarding any perceived discrepancies between the signatures on my submitted documents for [Name of Application/Process].

I am aware that there may be variations in my signature across the provided documentation. These variations are due to [State Reason, e.g., the passage of time, physical injury, digital signing constraints, or natural stylistic changes]. Despite these visual differences, I certify that all signatures were executed by me and represent my legal intent to be bound by the contents of these documents.

To verify my identity and confirm the validity of my signature, I have enclosed the following supporting evidence:

- [e.g., Copy of valid government-issued photo ID]
- [e.g., Notarized Affidavit of Identity]
- [e.g., Previous documents showing signature evolution]

Please contact me at [Phone Number] or [Email Address] if any further verification or additional documentation is required to process my application.

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]