

Notification of Disqualification

Date: [Redacted]

To: [Redacted]

Address: [Redacted]

Dear [Redacted],

We regret to inform you that, after careful consideration, you have been disqualified from [Redacted] due to [Redacted]. This decision is effective immediately.

If you have any questions or wish to appeal this decision, please contact our office at [Redacted] within [Redacted] days.

Sincerely,

[Redacted]

[Redacted] (Title)

[Redacted] (Organization)