



U.S. Representative Mike Rogers
3rd District Alabama
Privacy Release Form for
Federal Worker's Compensation Casework

Please print or type:

Full Name: (last) _____ (first) _____ (MI) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Claim #: _____

Date of Birth: _____ Date of Injury: _____

Name of Employing Agency: _____

Reason for Requesting Assistance: (Use reverse side if necessary. Attach copies of any letters, documents, etc., that you feel will be helpful in resolving your problem.):

Pursuant to the Privacy Act of 1974, I authorize the Office of Worker's Compensation to release personal information to Congressman Mike Rogers and/or his staff in order for him to assist me with the above matter.

Signature: _____

Date: ____/____/____

If you live in: Calhoun, Cherokee, Clay, Cleburne, Randolph, or Talladega County	If you live in: Chambers, Lee, Russell, or Tallapoosa County	If you live in: Coosa, Macon, or Montgomery County
Mail to: Congressman Mike Rogers 1129 Noble Street, Room 104 Anniston, AL 36201	Mail to: Congressman Mike Rogers 1819 Pepperell Parkway, Ste 203 Opelika, AL 36801	Mail to: Congressman Mike Rogers 7550 Halcyon Summit Drive Montgomery, AL 36117