

Privacy Act Release Form
Workers' Compensation Cases
This form must be completed by the employee

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of Senator Barbara A. Mikulski.

Name of Employee: _____

MD Residential Street Address: _____
(If you use a PO Box, you must also provide a MD address of record) _____

Phone Number(s): _____

Employing Federal Agency _____

Claim# _____ Date filed: _____

Has your condition been accepted? _____

If denied, have you appealed? _____

What type of appeal requested? _____ Date requested? _____

Have you attempted to contact your claims examiner? _____ Date(s) _____

Description of Problem: _____

Signature: _____ Date: _____

Mail or Fax to: Senator Barbara A. Mikulski
1629 Thames St, Suite 400
Baltimore, MD 21231
Fax: 410-962-4760

Additional comments or information may be attached