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.):

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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, St. Clair, or Talladega County

Mail or Fax to:
Congressman Mike Rogers
1129 Noble Street, Room 104
Anniston, AL 36201
Fax: (256) 237-9203

If you live in: Chambers, Lee, Macon, Montgomery, Randolph, Russell, or Tallapoosa County

Mail or Fax to:
Congressman Mike Rogers
701 Avenue A, Suite 300
Opelika, AL 36801
Fax: (334) 742-0109