



**U.S. Representative Mike Rogers  
3<sup>rd</sup> District Alabama  
Privacy Release Form for Civil Service Casework**

*Please print or type:*

Full Name of Annuitant: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ CSA or CSF #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Separation Date: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

Place "x" in box indicating what retirement system you are under.

- Civil Service       Civil Service Offset       FERS, Federal Employees Retirement

Place "x" in box indicating type of problem.

- Disability Claim       Retirement Claim       Payment Problem       Report of Death

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 authorized the Office of Personnel Management 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

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

**Mail or Fax to:**

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

**Mail or Fax to:**

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