



U.S. Representative Mike Rogers
3rd District Alabama
Privacy Release Form for Social Security/SSI Casework
Please print or type:

Part 1. Information about You or the Person Experiencing the Problem

Full Name: (last) _____ (first) _____ (MI) _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cell Phone: _____ SS Number: _____ Date of Birth: _____

Part 2. Type of Claim – Check the box that applies

SSI Claim SS Disability Claim Retirement Payment Problem Other

Part 3. Disability (if applicable)

When was the original claim filed? _____ Where?: _____
 Has a decision been issued? yes no When? _____ What was the decision? Approved Denied
 If denied, did you request a hearing? yes no When? _____
 Have you had a hearing? yes no When? _____
 What hearing office has the claim? Atlanta Birmingham Montgomery
 Has a decision been issued? yes no When? _____ What was the decision? Approved Denied
 If the Judge denied your claim did you appeal? yes no
 List your medical problems:

Are you disabled because of a work related injury? yes no
 Have you received periodic worker's compensation or a worker's compensation settlement? yes no
 Are you waiting for a worker's compensation settlement? yes no

Part 4. What You Need to Attach to This Form

- **Attach a letter explaining the problem you are experiencing and how you would like for me to try to assist you.**
- **Attach a copy the latest application or appeal you filed with the Social Security Administration.**
- **Attach any pertinent correspondence you have received from the Social Security Administration.**
- **If you are disabled from a work related injury, attach a statement form the worker's compensation company giving the dates and amounts of the periodic payments you received**
- **If you are disabled from a work related injury, attach a copy of the settlement.**

Pursuant to the Privacy Act of 1974, I authorized the Social Security Administration 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

Mail or Fax to:
 Congressman Mike Rogers
 701 Avenue A, Suite 300
 Opelika, AL 36801