

AUTHORIZATION TO REPRESENT AND RELEASE INFORMATION

NAME: _____
(LAST) (FIRST) (MI)

OWCP File NO.: _____

Social Security No.: _____

Date of Injury: _____

To Whom It May Concern:

I, _____, hereby authorize the following named NALC representative or their designee to represent me in regard to the above OWCP case file and any other action pursuant to the FECA in my behalf.

NAME: _____
(PLEASE PRINT)

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

The above named person is authorized to inspect and discuss my OWCP case file (and other case files pertaining to me) and to obtain copies of documents as requested.

Signature: _____ **Date:** _____

Address: _____ **Telephone:** _____

Send original to : U.S. department of Labor, Office of Workmen's Compensation Programs
Send copy to: Designated representative listed above.

