

Authorization and Waiver for the Release of Information Under the Privacy Act

In accordance with the Privacy Act of 1974, as amended, 5 U.S.C. § 552a, the United States Department of Labor and the Office of Workers' Compensation Programs, may not release any information regarding your Federal Employees' Compensation Act (FECA) claim without your prior written consent.

I, _____, authorize the United States Department of Labor and the Office of Workers' Compensation Programs (OWCP) to disclose any information contained in my claim filed under the Federal Employees' Compensation Act (FECA):

OWCP File No. [required]: _____.

Information contained in my FECA file should be released only to:

Recipient's Name:	RECORDS DEPOSITION SERVICE, INC.
Recipient's Address:	PO BOX 5054, SOUTHFIELD, MI 48086-5054
Recipient's E-mail address:	REQUESTS@RECDEP.COM P: 248.357.3330

This authorization will be effective for sixty (60) days from the date of the claimant's signature.

A copy of this authorization shall have the same force and effect as the signed original.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature of Claimant

Name of Claimant (please print)

Date: _____