PRIVACY ACT WAIVER

In accordance with the Privacy Act of 1974: I,_____, authorize the U.S. Department of Labor, the Office of Workers' Compensation Programs and the United States Postal Service to disclose to the National Association of Letter Carriers, _____ any information regarding my claim for compensation filed under the Federal Employees' Compensation Act, OWCP File No. #_____.

This authorization is effective on the date it is signed, and is effective until specifically revoked by me in writing. A copy of this authorization shall have the same force and effect as the signed original.

_____ _____

Signature of Claimant Name of Claimant

Date: _____