

PRIVACY ACT AUTHORIZATION AND WAIVER

I, _____, authorize the U.S. Department of Labor and the Office of Workers' Compensation Programs to disclose to the following individuals and/or entities: CD SERVICES, INC. 24027 RESEARCH DR. FARMINGTON HILLS, MI 48335
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: