



Designation of Representative & Authorization to Release Information

Employee's Name: _____

Date: _____

I designate AFGE Local 4200 as my representative. By designating AFGE Local 4200 as my representative, I authorize Defense Health Agency (DHA) to provide AFGE Local 4200 information about this matter and communicate with them as necessary.

Case Number \ Issue

Employee Signature

Date

Union Representative's Name

Preferred Phone Number

Preferred Email Address

Privacy Statement: I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above (requester) and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. section 1001 by a fine of not more than \$10,000.00 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C 552a(i)(3) by a fine of not more than \$5,000.00.