**American Federation of**

**Government Employees, AFL-CIO**

**Local 1234**

**VA Medical Center**

**50 Irving St NW, NW, Room GC-100**

**Washington, DC 20422**

**DESIGNATION OF REPRESENTATIVE**

**AND AUTHORIZATION TO RELEASE INFORMATION**

**CASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has the individual agreed to represent you in this matter?  Yes  No**

(You may designate a representative at any time. However, it is unlikely that the due-process will be delayed for reasons related to obtaining or maintaining representation. You must notify the designated representative and the agency in writing of any change in representation)

**DESIGNATION**

“I hereby designate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ L1234 to serve as my representative during the course of this matter. I understand that the representative is authorized to act on my behalf. The representative shall receive copies of all formal documents, correspondence, and confidential material related to my case.”

This form shall be valid for the duration of the representational matter and will expire at the closure of the matter. Any new case requiring formal action shall require a separate Designation of Representation Form.

**REPRESENTATIVE’S CONTACT INFORMATION**

Name:

Contact Phone Number:

Fax Number:

Email Address:

Mailing Address:

**SIGNING BELOW WILL MAKE YOUR DESIGNATION EFFECTIVE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature (Employee) Date Signature (Designee) Date