

NOTICE TO REVIEWER

Date: February 11, 2016

Request Type: No material or non-substantive change to a currently approved collection

Employing Agency: Office of Workers' Compensation Programs/Division of Coal Mine Workers' Compensation (DCMWC)

Form Number/Name: CM-936, Authorization For Release of Medical Information

OMB/Expiration Date: 1240-0034, November 30, 2018

Justification:

Item 9. is being updated to read:

"Signature of Claimant (or person on his/her behalf)"

The "/her" was added, since the claimant could be male or female.