**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.