

## AUTHORIZATION TO RELEASE INDUSTRIAL ACCIDENT DIVISION RECORDS

I hereby authorize and request that you release all records pertaining to my industrial injury(s) or illness(s) in your possession.

I authorize the Industrial Accidents Division to release this information to the requesting party, for the purposes of verifying, evaluating, and managing my industrial claim.

By signing this form the claimant is put on notice that his/her records, including medical records, are being made available to the requesting party. This form complies with the state Government Records Access & Management Act (GRAMA).

Records Requested: Date of Injury Listed Only  Records for All Injuries (give specific time frame)

\_\_\_\_\_

### PHOTOCOPIES OF THIS AUTHORIZATION ARE AS VALID AS THE ORIGINAL.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Claimant's Name Printed-include all AKA Names

Residing at: \_\_\_\_\_

\_\_\_\_\_  
Street Address

### NOTARY PUBLIC SEAL

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

This Notarization is valid for 90 days from the signature date.

\_\_\_\_\_  
Date of Injury/Occupational Disease

### THIS IS NOT A RELEASE OF CLAIM FOR DAMAGES

Requester's Name \_\_\_\_\_

Signature \_\_\_\_\_  
(print)

Mail Records To \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

The Industrial Accidents Division charge for the search of their records is \$15.00 to start the search plus \$.25 per copy of any records copied.

