



**RELEASE OF INFORMATION**  
 CLAIMS DIVISION  
 SFN 50381 (04/2022)

1600 E Century Ave, Ste 1  
 PO Box 5585  
 Bismarck ND 58506-5585  
**Telephone 800-777-5033**  
 Toll Free Fax 888-786-8695  
 TTY (hearing impaired) 800-366-6888  
 Fraud and Safety Hotline 800-243-3331  
 www.workforcesafety.com

<b>SECTION 1 – Injured employee’s information</b>		
Claim number	Injured employee’s (First name)	(Last name)
Other name (Example: maiden, previous, or nickname)		
Address		
City	State	ZIP code
Social Security number*		Date of birth
<b>SECTION 2 – Authorization</b>		
I authorize Workforce Safety & Insurance to release the following records:		
<input type="checkbox"/> All information and records on file <input type="checkbox"/> Correspondence only <input type="checkbox"/> Medical records only <input type="checkbox"/> Rehabilitation reports only <input type="checkbox"/> Compensation and medical payment information only <input type="checkbox"/> School records (including grades and attendance) <input type="checkbox"/> Other (specify)		
Release these records to:		
<b>SECTION 3 – Signature</b>		
A copy of this authorization is considered as valid as the original and is in effect until revoked by me in writing.		
<b>Injured employee’s signature</b>		<b>Date</b>

\* In compliance with the Federal Privacy Act of 1974, disclosure of the social security number on this form is mandatory pursuant to N.D.C.C. 65-05-02. The social security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.

**C57b**