



VOCATIONAL RELEASE OF INFORMATION
 RETURN TO WORK DIVISION
 SFN 53875 (10/2019)

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

SECTION 1 – Injured employee/student's information		
Claim number	Injured employee's (First name)	(Last name)
Social Security number*		Date of birth
SECTION 2 – Authorization		
I authorize _____ to release school records (including grades and attendance) to Workforce Safety & Insurance (WSI).		
I hereby authorize the school coordinator/vocational case manager at WSI to obtain and review copies of vocational records, testing, and transcripts. I authorize WSI to consult with my instructors, advisors, or other school personnel regarding my academic progress including tutoring recommendations, schedule changes, midterm reports, etc.		
Please release these records to: <div style="text-align: center;"> School Coordinator/Vocational Case Manager Workforce Safety & Insurance 1600 E Century Ave Ste 1 PO Box 5585 Bismarck ND 58506-5585 </div>		
SECTION 3 – Signature		
A copy of this authorization is considered as valid as the original and is in effect until revoked by me in writing.		
Injured employee/student's signature		Date
Address		
City	State	ZIP code

* 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.