



**RELEASE OF INFORMATION**  
 POLICYHOLDER SERVICES  
 SFN 53098 (10/2014)

1600 EAST CENTURY AVENUE, SUITE 1  
 PO BOX 5585  
 BISMARCK ND 58506-5585  
**Telephone 1-800-777-5033**  
 Toll Free Fax 1-888-786-8695  
 TTY (hearing impaired) 1-800-366-6888  
 Fraud and Safety Hotline 1-800-243-3331  
 www.WorkforceSafety.com

Business name
Account number

RELEASE OF INFORMATION	
<p>I hereby authorize Workforce Safety &amp; Insurance to release any information pertaining to my workers' compensation account. Please release these records to the following:</p>	
Name _____	Title _____
Name _____	Title _____

A copy of this authorization is considered as valid as the original and is in effect until revoked by me.

SIGNATURE	
Date	Title
Signature	Phone number