



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

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www.WorkforceSafety.com

Business name
Account number

RELEASE OF INFORMATION	
I hereby authorize Workforce Safety & Insurance to release any information pertaining to my workers' compensation account. Please release these records to the following:	
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