



RELEASE OF INFORMATION
CLAIMS DIVISION
SFN 50381 (08/2014)

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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

PLEASE PRINT OR TYPE USING BLACK OR BLUE INK

Injured Worker's Name	Claim Number
Social Security Number*	Date of Birth

I authorize Workforce Safety & Insurance to release the following records:

- All information and records on file
- Correspondence only
- Medical records only
- Rehabilitation reports only
- Compensation and medical payment information only
- School records (including grades and attendance)
- Other (please specify) _____

Please release these records to:

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

Date

Injured Worker's Signature

Address

City State Zip

* 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.

