



VOCATIONAL RELEASE OF INFORMATION
RETURN TO WORK DIVISION
SFN 53875 (08/2014)

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

PLEASE PRINT OR TYPE USING BLACK OR BLUE INK

| | |
|--------------------------|---------------|
| Student's Name | Claim Number |
| Social Security Number * | Date of Birth |

I authorize _____ to release the following records:

School records (including grades and attendance)

I hereby authorize the school coordinator/Vocational Case Manager at Workforce Safety & Insurance (WSI) to be permitted to review and obtain copies of vocational records, testing and transcripts. I also authorize permission to consult with my instructors and advisors or other school personnel regarding my progress in training which may include tutoring recommendations, scheduling revisions, midterm progress reports, etc.

Please release these records to:

School Coordinator/Vocational Case Manager
Workforce Safety & Insurance
1600 East Century Avenue Suite 1
PO Box 5585
Bismarck ND 58506-5585

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

Date

Student'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.