



**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.