Form 046 Revised 6/2003

STATE OF UTAH - LABOR COMMISSION
Division of Adjudication
160 East 300 South, 3rd Floor
P.O. Box 146615
Salt Lake City, UT 84114-6615
(801) 530-6800 1 (800) 530-5090 Fax Number (801) 530-6804

AUTHORIZATION TO RELEASE LABOR COMMISSION RECORDS

I hereby authorize and request that you release **all workers' compensation records, excluding psychiatric records** in your possession.

I authorize the Labor Commission to release this information to all parties, including medical and rehabilitation providers and government agencies, for the purposes of verifying, evaluating, and managing my industrial claim.

By signing this form the claimant is put on notice that his/her medical records are being made available to the requesting party. This form complies with the state Government Records Access & Management Act (GRAMA).

PHOTOCOPIES OF THIS AUTHORIZATION ARE AS VALID AS THE ORIGINAL.

Date of Authorization for Release of Medical Records: _____

Claimant's Signature:

_____

(Include maiden or prior names, if applicable.)

The signature is valid for one year from the signature date.

_____
Signature of Claimant

_____
Claimant's Name (Printed)

_____
Street Address

_____
City/State/Zip

_____
Telephone Number

_____
Date of Birth

_____
Social Security Number

_____
Date(s) of Industrial Injury/Occupational Disease

THIS IS NOT A RELEASE OF CLAIM FOR DAMAGES

MAIL RECORDS TO _____
STREET ADDRESS _____
CITY, STATE, ZIP _____

The Labor Commission's charge for the search of these records is $15.00 plus $.50 per copy of any records copied.