

**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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

Claimant's Signature: \_\_\_\_\_

\_\_\_\_\_  
Claimant's Name (Printed)

(Include maiden or prior names, if applicable.)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

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

\_\_\_\_\_  
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.**