

AUTHORIZATION TO RELEASE INDUSTRIAL ACCIDENT DIVISION RECORDS

Please Print or Type

I hereby authorize and request that you release all records pertaining to my industrial injury(s) or illness(s) in your possession.

I authorize the Industrial Accidents Division to release this information to the requesting party, for the purposes of verifying, evaluating, and managing my industrial claim.

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

Records Requested: Date of Injury Listed Only Records for All Injuries (give specific time frame) _____

PHOTOCOPIES OF THIS AUTHORIZATION ARE AS VALID AS THE ORIGINAL.

Subscribed and sworn to before me this _____ day of _____ 20_____

Signature of Claimant

Claimant's Name (Printed)

Residing at: _____

Street Address

NOTARY PUBLIC SEAL

City/State/Zip

Telephone Number

Date of Birth

Social Security Number

This Notarization is valid for 90 days from the signature date.

Date of Injury/Occupational Disease

THIS IS NOT A RELEASE OF CLAIM FOR DAMAGES

Requester's Name _____

Signature _____
(print)

Mail Records To _____ Date _____

Street Address _____

City/ State/ Zip _____

Telephone Number _____

The Industrial Accidents Division charge for the search of their records is \$15.00 to start the search plus \$.25 per copy of any records copied.



Official Form 205 Revised 1/16

State of Utah * Labor Commission * Division of Industrial Accidents

160 East 300 South * P.O. Box 146610 Salt Lake City, UT 84114-6610 * Telephone: (801) 530-6800

Fax: (801) 530-6804 * Toll Free: (800) 530-5090 * www.laborcommission.utah.gov