Rev 3/2020

AUTHORIZATION TO RELEASE
INDUSTRIAL ACCIDENT DIVISION RECORDS
Please email requests to jaccd@utab.gov

The Industrial Accidents Division charge for the sea any records copied. Please email requests to iaccd@	arch of their records is \$15.00 to start the search plus \$.25 per copy of outah.gov
Telephone Number:	Email:
Street Address City/ State/ Zip	
Mail Records 10	Date
Signature	
Requester's Name	
THIS IS NOT A REI	LEASE OF CLAIM FOR DAMAGES
This Notarization is valid for 90 days from the signature date.	Date of Injury/Occupational Disease
	Social Security Number
	Date of Birth
	Telephone Number
Residing at:	City/State/Zip
	Street Address
	Claimant's Name Printed-include all AKA Names
uuy 0120	Signature of Claimant
Subscribed and sworn to before me this day of 20	
PHOTOCOPIES OF THIS AUTHORIZAT	FION ARE AS VALID AS THE ORIGINAL.
Records Requested: Date of Injury Listed Onl	ly 🗌 Records for All Injuries (give specific time frame)
	tice that his/her records, including medical records, are being orm complies with the state Government Records Access &
I authorize the Industrial Accidents Division to purposes of verifying, evaluating, and managing	o release this information to the requesting party, for the ng my industrial claim.
I hereby authorize and request that you release your possession.	e all records pertaining to my industrial injury(s) or illness(s) ir
	•



160 East 300 South 3rd Floor P.O. Box 146610 Salt Lake City, Utah 84114-6610 Office: (801)-530-6800 Fax: (801)-530-6804 Toll Free: (800)-530-5090 <u>www.laborcommission.utah.gov</u>