

# AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Claim Manager: \_\_\_\_\_

Address of TPA or LNI: \_\_\_\_\_

\_\_\_\_\_

Injured Worker to fill out:

I hereby authorize the following organization/person(s) named below to be granted authorization to discuss any and all information relating to my industrial insurance claim(s).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Injured Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please list your claim number(s)

Please keep a copy of this form for your records. Send the Release of Information to the party by certified mail. You will receive the green signature card in the mail validating receipt of the authorization.