State of Connecticut
Workers' Compensation Commission

Employee's Authorization to Release Information

I, _____, have been offered a job with _____ of _____, and hereby authorize the release of information verifying any workers' compensation claim I may have in the State of Connecticut to the said employer.

I understand that the employer is prohibited from requesting this information until I have received a conditional offer of employment (copy of written offer enclosed).

I further understand that my signature authorizes the Connecticut Workers' Compensation Commission to furnish information regarding any previous Workers' Compensation claims I have filed in the state of Connecticut and that the information provided will be limited to: (1) whether or not a claim has been filed by the above-named employee, (2) the date of such injury, and (3) the nature of injury. No other information will be provided. Under no circumstances will any Commissioners' notes, medical reports, personnel records, or psychiatric records be released. Medical reports, personnel records or psychiatric records will not be released without the claimant's express authorization and not as the result of this authorization.

Employee's Signature: _____ Date: _____

Print Your Name: _____ Social Security #: _____

Instructions to Requester:

This form must be submitted to a district office of the Connecticut Workers' Compensation Commission with the employee's original signature - a photo copy or faxed signature will not be accepted. A copy of the applicant's conditional offer letter must accompany this form.

The above request is limited to: (1) whether or not a claim has been filed by the above-named employee, (2) the date of such injury, and (3) the nature of injury. No other information will be provided.

WCC ONLY:

( ) Search was negative. Years searched _____ to _____

( ) Search was positive. WCC File # _____
WCC Processor: _____
District Office #: _____

Rev. Date 11/23/98

Company Name: _____ Job #: _____

Address: _____

_____ Fax: (_____) _____

Request for Release of Information From Division of Workers' Compensation

Date: _____ Page #: _____ of _____

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