

AUTHORIZATION TO DISCLOSE CONFIDENTIAL WORKERS' COMPENSATION INFORMATION

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

VOLUNTARILY PAID CLAIMS (CLAIMS THAT ARE NOT A "CONTESTED CASE") RECORDS ARE EXEMPT FROM DISCLOSURE UNDER THE FREEDOM OF INFORMATION ACT AND THE WORKERS' DISABILITY COMPENSATION ACT. RECORDS/INFORMATION REGARDING THESE CLAIMS CANNOT BE RELEASED WITHOUT A RECORDS RELEASE AUTHORIZATION SIGNED BY THE CLAIMANT.

Please type or print legibly - Illegible documents will not be processed

1. Claimant's Full Name	
2. Claimant's Street Address	3. City, State, ZIP Code
4. Claimant's Complete Social Security Number	5. Date of Birth

I Authorize: Michigan Department of Licensing & Regulatory Affairs
Workers' Compensation Agency
PO Box 30016
Lansing, Michigan 48909-7516

To Disclose (check one):

- Any/all of my workers' compensation claim(s) information.
- My workers' compensation claim(s) information limited to that specifically described here:

Records To Be Disclosed To (name and address):

6. Signature of Claimant (authorizing release of records described above)	7. Date
8. Signature of Person Requesting Records (if applicable)	9. Date

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Michigan Freedom of Information Act (FOIA), 1976 PA 442, as amended
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