

STATE OF UTAH - LABOR COMMISSION
Division of Industrial Accidents
160 East 300 South, 3rd Floor
P.O. Box 146610
Salt Lake City, UT 84114-6610
(801) 530-6800 1(800) 530-5090 Fax Number (801) 530-6804

AUTHORIZATION TO RELEASE INDUSTRIAL ACCIDENT DIVISION RECORDS

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) 7 years

PHOTOCOPIES OF THIS AUTHORIZATION ARE AS VALID AS THE ORIGINAL.

Subscribed and sworn to before me this
 day of , 20

Signature of Claimant

NOTARY PUBLIC

Claimant's Name (Printed)

Residing at: _____

Street Address

City/State/Zip

My Commission Expires:

Telephone Number

Date of Birth

Social Security Number

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 charge for the search of these records is \$15.00 plus \$.50 per copy of any records copied.

CONDITIONAL JOB OFFER

Employees Name: _____

Employees Signature: _____

Employers Name: _____

Description of job conditionally offered the applicant: _____

Signature of Employer Representative: _____