

AUTHORIZATION TO DISCLOSE CONFIDENTIAL WORKERS' COMPENSATION INFORMATION

Michigan Department of Labor and Economic Opportunity
Workers' Disability 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 Labor & Economic Opportunity
Workers' Disability 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

LEO 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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