

Waiver for Release of Records

I, the undersigned employee, authorize the Iowa Division of Workers Compensation to release to:

_____ .
(Name of authorized recipient)

the categories of confidential records that are checked below, that are in the division's custody and that contain information that identifies me.

- _____ All confidential records of any nature
- _____ First Reports of Injury (FROI) (screen prints) filed within the past _____ years
- _____ Subsequent Reports of Injury (SROI) (screen prints) filed within the past _____ years
- _____ Evidence received in a contested case hearing
- _____ The transcript from a contested case hearing
- _____ Other (describe specific records to release) _____

Signed at _____ this ____ day of _____, 20____.
(City, State)

(Print Name) Employee (Signature)

To identify me and calls to verify that I signed this waiver, I provide my:

Social security number: _____

Date of Birth: _____

Address: _____

Telephone number: _____

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