

**AUTHORIZATION FOR FILE
REVIEW OR RELEASE OF
COPIES OF WORKERS'
COMPENSATION CLAIM FILE**



DO NOT USE THIS SPACE

TO: STATE OF MINNESOTA
Department of Labor and Industry
Data Management and Training
Workers' Compensation File Review Office
PO Box 64226
St. Paul, MN 55164-0226
Phone No. 651-284-5200
Fax No. 651-284-5731

I hereby authorize VERIFIED CREDENTIALS, INC.
to review and/or receive copies of any or all parts of the Minnesota workers' compensation claim file(s), for the date(s) of injury *indicated below*. This authorization is valid for six months from the date signed.

EMPLOYEE	SOCIAL SECURITY NUMBER	DATE(S) OF INJURY
		ALL AVAILABLE
EMPLOYER	INSURER (if known)	

NOTICE: Information concerning disability may not be used to make a job decision unless state or federal law permits use of this information. Unless authorized by state or federal law, any use or distribution of this information beyond that authorized by the subject of this data is prohibited. Questions concerning use of disability, information may be directed to the Minnesota Department of Human Rights at (651) 296-5663 or toll-free in greater Minnesota at 1-800-657-3704.

SIGNATURE	COMPANY NAME (if applicable)	DATE