

Click on any field to start editing.

Authorization to release information and documentation of an injured worker

WCB claim number: _____

Worker's name: _____

Worker's address: _____

Substitute authority's name (if applicable): _____

Substitute authority's address (if applicable): _____

Status of substitute authority:

- Decision-maker
- Executor/administrator
- Trustee/guardian
- Spouse/next of kin
- Other. Please specify: _____

To whom it may concern:

I, _____, the above-named worker/substitute of
_____ in the province of _____,
(name of city, town, village) (province)

DO HEREBY AUTHORIZE you to release to the Saskatchewan Workers' Compensation Board any and all information they, or their nominee, may require pertaining to my physical and/or mental condition, including, but not limited to, all records, reports, progress notes, reports of diagnostic tests, medical and/or legal opinions and/or any other knowledge or information which you may possess that is relevant to the injury of the above-named worker, and for so doing, let this be your good and sufficient authority. This information will be used to determine the entitlements from the Saskatchewan Workers' Compensation Board for the above-named worker.

I HEREBY ACKNOWLEDGE that a photostatic copy of this authorization shall be considered and construed as being as effective as the original thereof.

Please print & sign form before mailing/faxing.

Signature of authorizer

Please print & sign form before mailing/faxing.

Signature of witness*

(MM/DD/YYYY)

Date of signing authorization

* = Someone other than the person being designated as the representative.