

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 _____ , 2 0 _ (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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