

State of New York
WORKERS' COMPENSATION BOARD
CLAIMANT'S AUTHORIZATION TO DISCLOSE WORKERS' COMPENSATION RECORDS
(Pursuant to Workers' Compensation Law Section 110-a)

Claimant's Name		Claimant's Social Security Number	
<input type="checkbox"/> Any and All Claimant Case Files <input type="checkbox"/> Individual Claimant Case File(s) Number(s) - list below	Date(s) of Accident	Records Authorized for Release: <input type="checkbox"/> Entire file(s) <input type="checkbox"/> Specific Document(s) - give details below	
Reason for Disclosure of Records			

INSTRUCTIONS:
 Submit original to the Workers' Compensation Board and retain a copy for your records. *Authorization for disclosure of records for certain purposes is not valid under the law. See excerpt of WCL Section 110-a on the reverse of this form.* This authorization is effective until it is revoked by the claimant. Claimant may revoke this authorization at any time, upon written notice to the Workers' Compensation Board.

THIS AUTHORIZATION DOES NOT PERMIT eCASE ACCESS.

Pursuant to Section 110-a of the Workers' Compensation Law, I, _____,
Claimant's Name
 represent that I am a person who is/was the subject of the Workers' Compensation case(s) indicated above, and I authorize the Workers' Compensation Board to discuss the above-referenced Workers' Compensation Board records with and/or release a copy of the above-referenced records to _____, at _____,
Name
 _____.
Address
 I understand that the requesting party may be required to pay a statutory fee prior to being provided copies of these records by the Workers' Compensation Board.

 Claimant's Signature Date

Failure to provide the information requested on this form will not result in the denial of your authorization, but may delay the processing of your request. The voluntary release of your social security number enables the Board to ensure that information is associated with, and quick action is taken on, your request.