

**Authorization
Letter of Representation**

I, _____
(print name in full)

authorize Mr. ☐

Ms. ☐

Mrs. ☐

(print name in full)

to represent me in my dealings with The Workers' Compensation Board regarding claim(s):

In accordance with the provisions of Section 171.2 (1) of *The Workers' Compensation Act, 1979*, my representative will not use information contained in the noted files publicly or for any purpose other than reconsideration or review of a decision made pursuant to this Act or in pursuing a disputable issue with the Workers' Compensation Board.

This letter of representation will terminate one year from date of signature unless I terminate the authorization earlier. Should I wish to terminate this letter of representation prior to the end of one year, I will formally notify, in writing, the Saskatchewan Workers' Compensation Board of such termination.

Dated this _____ day of _____, 20____

Firm Name and Number: _____
(printed)

Title: _____

Signature: _____

Witness: _____
(printed) * (signature) * (date)

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