

AUTHORIZATION TO RELEASE CLAIMS HISTORY



In accordance with the provisions of Idaho Code § 9-340B(9)(c), the undersigned worker hereby authorizes the release of a copy of a computer claims history search of the last five (5) years of their workers' compensation claims from the records of the Idaho Industrial Commission to the employer, prospective employer or employer's agent identified below. The employer, prospective employer or agent, by their signature below, agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.



Worker's Full Name:*

Other Names Used:

Worker's Address:*

Worker's Home Phone #: () _____

Worker's Social Security Number:* _ _ _ - _ - _ _ _

I.C. RESPONSE/NOTE AREA:

Authorizing Individual Worker's Signature:*

Date Signed: _____

Employer/Prospective Employer or Agent:*

Mailing Address:

Employer's Representative or Agent's Signature:*

Printed Name & Title:

Representative's or Agent's Phone Number: () _____

(* = Completion mandatory)

**SEND COMPLETED REQUEST TO: IDAHO
INDUSTRIAL COMMISSION, ATTN: RECORDS
MANAGEMENT, PO BOX 83720, BOISE, ID
83720-0041**