

Workers' Compensation Release of Information Form

I authorize the Industrial Commission, State of Idaho, to furnish _____ and / or its authorized agents a Work History Search for the past five years (or current statute of limitations). I understand that this search contains information on any and all work related injuries which the Commission has on file about myself. The information that this search will provide is as follows:

The Industrial Commission claim number
My name at time of injury
Type of claim
Accident date
Filing Date
Body part injured
Name of surety (insurance company) and/or adjuster
Name of my employer at time of injury

I have read and understand the above and do give permission to the Industrial Commission, State of Idaho, to furnish this Work History Search.

Signature _____ Date: _____

My Legal Name is (please print): _____

Other Names I have used are: _____

My Social Security Number is: _____

Party Requesting Information (where the search information will be sent):

Company Name: _____

Address: _____

Telephone Number: _____

Contact Person: _____

Mail requests to:

State of Idaho, Industrial Commission
Attn: Records Management Department
Statehouse Mail
P.O. Box 83720
Boise, ID 83720-0041

Note: Prospective Employers must attach a completed ADA Certification form 9-340 (38) with this release (2/98)