Andy Beshear
GOVERNOR

DEPARTMENT OF WORKERS' CLAIMS
500 Mero Street, 3rd Floor
Frankfort, Kentucky 40601
Phone (502) 564-5550

Scott C. Wilhoit
COMMISSIONER

RELEASE AND CONSENT TO DISCLOSURE

I, _____, _____, _____
(Printed Name) *(Birth Date)* *(Last 4 digits of Social Security Number)*

do hereby authorize the Department of Workers' Claims, Commonwealth of Kentucky ("Department"), to release to:

_____,
(Person or entity to whom records may be released)

and deliver, by mail or otherwise, to that person or entity at the following address:

_____
(Street Address)

_____
(City)

_____,
(State, Zip Code)

any and all records, documents and information in the Department's possession pertaining to any workers' compensation matter or matters involving me. These records, documents, and information may include, but are not limited to, first and subsequent reports of injury, claim file material including medical records and reports, settlement agreements, and awards. By affixing my signature below, I affirmatively consent to the release and disclosure of any and all such records and documents, and all information contained therein. I further affirmatively state I understand and acknowledge that by authorizing the release and delivery of this material I am waiving any right to claim the material to be released is exempt from disclosure under the Kentucky Open Records Act, KRS 61.878.

_____
(Typed or printed name of person releasing information)

_____
(Signature of person releasing information)

STATE OF _____

COUNTY OF _____

Subscribed, sworn to, and acknowledged before me, a Notary Public, in and for said County and State, personally by _____, on this the _____ day of _____, 20___.

_____
Notary Public
My Commission Expires: _____