

**Union Construction Workers' Compensation Program**

3001 Metro Dr., Suite 500  
Bloomington MN 55425  
(952) 851-3501  
(800) 535-6373  
(952) 851-3566 fax

**Department of Labor & Industry  
Workers' Compensation Claim Information Authorization**

Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the Department of Labor & Industry, State of Minnesota to release any and all records, past and present, to The Union Construction Workers' Compensation Program and/or its representatives, in relation to any and all Workers' Compensation claim(s).

**A photocopy of this authorization may be treated with the same force and validity as the original.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date