

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