Workers' Compensation Review Committee
North Dakota Legislative Council
State Capitol, 600 East Boulevard Avenue
Bismarck, ND 58505-0360

Telephone 1-701-328-2916
TDD 1-800-366-6888 (ND Relay Service)
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RELEASE OF INFORMATION AND AUTHORIZATION

(Print or Type Using Black or Blue Ink)

Injured Employee's Name	WSI Claim Number
*Injured Employee's Contact Telephone Number	Injured Employee's Date of Birth

I authorize Workforce Safety and Insurance to release **ALL** of my Workforce Safety and Insurance information and records on file.

Please release this information and these records to:

- Legislative Management's Workers' Compensation Review Committee;
- Legislative Council staff; and
- Optional - My representative (please specify) _____

I authorize the Legislative Management's Workers' Compensation Review Committee, Legislative Council staff, and Workforce Safety and Insurance officials to discuss my Workforce Safety and Insurance information and records during meetings of the Workers' Compensation Review Committee and related activities of the North Dakota Legislative Assembly.

I understand the meetings of the Workers' Compensation Review Committee are open to the public. I understand these meetings are recorded and minutes are kept and that these recordings and minutes are public records.

I understand the Workers' Compensation Review Committee is **NOT** authorized to adjudicate claims and is **NOT** a forum for appeal. The committee will **NOT** change any existing decisions of Workforce Safety and Insurance.

I understand a determination regarding whether a request for review meets the necessary requirements is **NOT** a legal opinion and should **NOT** be relied on or considered to be legal advice.

A copy of this release and authorization is considered as valid as the original. This release and authorization remains in effect until revoked by me or until January 1, 2011, whichever occurs first.

Date	*Injured Employee's Signature
*Injured Employee's Mailing Address	

*In the case of a deceased injured employee, please provide information regarding the survivor seeking review.