

**STATE OF ALASKA
DIVISION OF WORKERS' COMPENSATION
REQUEST FOR RELEASE OF INFORMATION**

Pursuant to Alaska Statute 23.30.107, medical or rehabilitation records maintained by the Alaska Workers' Compensation Division, or held by the Alaska Workers' Compensation Board, including employee personal information, are not public records subject to public inspection under AS 40.25. To obtain records from the Division or the Board, you are required to

- 1) Provide the information requested below. An incomplete form will delay processing your request.
- 2) Pay the applicable reproduction fee. (See fee schedule.)

A request for information by a person other than the employee may require the employee's written consent. See below.

Requestor's Printed Name:

Firm Name (If Applicable):

Requestor's Mailing Address:

Requestor's Phone Number:

E-Mail:

Requestor's Status: Employee Employer Insurer Claims Administrator
 Legal Representation Rehabilitation Specialist assigned under AS 23.30.041
 Other (Please Describe):

Requestor's Signature:

Date:

Employee's Name (Last, First, Middle Initial):

Employee's Employer at the Time of Injury:

Employee's Date of Injury:

Employee's SSN (optional):

Information Requested: Copy of Employee Case File, AWCB# (optional): _____
 Other (Describe Below or Attach Documentation)

Employee's Declaration

(Required if requestor is not the employee, the reemployment benefits administrator, the Workers' Compensation Appeals Commission, a party to a claim filed by the employee, or a government agency)

I hereby authorize release of the aforementioned information. This consent is limited to the work related injuries referenced above on an ongoing basis. I understand that an additional consent to release information will not be necessary unless or until I revoke this authorization in writing.

Signed: _____ Date: _____

FEE SCHEDULE (Check or Money Order Only)

An injured worker or the worker's representative may obtain the first electronic copy of their case file at no charge. Subsequent requests will be charged the standard copy rates listed below. For paper copy rates, please contact the Division.

Certification of Copies: \$5.00 per certification

Hearing/Pre-Hearing Recording Copies: \$10.00 per CD

Electronic File Copies: \$10.00 per CD, plus processing time charged at Data Query rate

Data Query: \$80.00/hour, \$20.00 (1/4 hour) minimum

Send Completed Form to the Division of Workers' Compensation at:

Workers Compensation
P.O. Box 115512
Juneau, AK 99811

Tel: (907) 465-2790
Fax: (907) 465-2797
Workerscomp@alaska.gov