



Department of Commerce

WORKERS' COMPENSATION COMMISSION
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHRB, Saipan MP 96950
Tel: (670) 664-8018/8024 • Fax (670) 664-8074
Website: www.commerce.gov.mp



AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I, _____ a resident of _____
whose Social Security Number is _____,

do hereby authorize and request the release of all information (as checked below) to any employee of the CNMI Workers' Compensation Commission:

- | | |
|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Medical record | <input type="checkbox"/> Employment record |
| <input type="checkbox"/> Police record | <input type="checkbox"/> Immigration document |
| <input type="checkbox"/> Commerce/Labor records | <input type="checkbox"/> Other _____ |

(please specify)

I do understand that the information requested above will be used strictly for Workers' Compensation purposes. I hereby expressly waive the privilege of confidentiality and right of privacy set forth in the applicable United States and Commonwealth laws. A copy of this authorization shall have the same force and effect as the original.

Dated this _____ day of _____, 20____

Signature of person authorizing

Signature of witness