State of Connecticut Workers' Compensation Commission

Employee's Authorization to Release Information

I,	, ha	ave	been	offered	a	job	with	
	of, and hereby authorize the release of							
Information verifying any w	orker's compensation cl	laim I r	nay have	in the State	e of Co	nnecticu	at to the said employer.	
I understand that the empl	oyer is prohibited from	n requ	esting th	is informa	tion ur	ıtil I ha	ve received a conditional	
offer of employment (copy	of written offer enclos	ed).						
I further understand that my	signature authorizes the	Conne	ecticut W	orkers' Cor	npensa	tion Co	mmission to furnish	
information regarding any pr	evious Worker's Comp	ensatio	n claims	I have filed	l in the	state of	Connecticut and that the	
information provided will be	limited to: (1) whether	r or not	a claim	has been file	ed by the	he abov	e-named employee, (2) the	
date of such injury, and (3) to	ne nature of injury. No	other i	nformatio	on will be p	rovideo	d. Unde	er no circumstances will	
any Commissioners' notes, r	nedical reports, personn	el reco	rds, or ps	sychiatric re	cords b	oe releas	sed. Medical reports,	
personnel records or psychia	tric records will not be	release	d withou	t the claima	nt's ex	press au	ithorization and not as the	
result of this authorization.								
Employee's Signature:		Date:						
		Social Security #:						
Instructions to Requester:								
This form must be submitted employee's original signatur conditional offer letter must	e – a photo copy or faxe							
The above is limited to: (1) injury, and (3) the nature of					-named	l employ	yee, (2) the date of such	
WCC ONLY:								
() Search was negative.	Years searched	to	0					
() Search was positive	WCC File # _ WCC Processor: _ District Office #: _							