

State of Wyoming Department of Workforce Services DIVISION OF WORKERS' COMPENSATION



Mark Gordon Governor 5221 Yellowstone Road Cheyenne, Wyoming 82009 http://www.wyomingworkforce.org



RELEASE OF INFORMATION

Please sign and return this form only if you would like to designate any other person (i.e. spouse, mother, father, brother, family member, etc.) to inquire about the status of your claim, or to give information about your claim to the Wyoming Workers' Compensation Division. Thank you.

Claim Number

Last 4 digits of SSN _____

I, ______ give my permission for my ______, (name of injured worker) (state relationship)

(name)

(phone number)

information regarding my Workers' Compensation claim. I give permission for the Division to

speak to the above person on issues concerning my claim.

(signature of injured worker)

(date)

to give and receive

INJRPT ROI Revised 10/15 Page 1 of 1 We invite you to take our customer service survey by visiting <u>http://bit.ly/wyworkcomp</u> As public servants, we work hard every day to help ensure safe and fair workplaces with qualified workers.

CLAIMS Phone 1-307-777-7441 Fax 1-307-777-6552 https://piers.wyo.gov