



Mark Gordon
Governor

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

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<http://www.wyomingworkforce.org>



Robin Sessions Cooley
Director
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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)

_____ to give and receive
(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)