



Saskatchewan
Workers'
Compensation
Board

200-1881 Scarth Street
Regina SK S4P 4L1
www.wcsask.com

Phone: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773

WMROI

Click on any field to start editing.

WCB claim number: _____

Authorization to Release Information and Documentation

To whom it may concern:

I, _____, of _____, in
(Name of city, town, village)

the Province of _____,
(Province)

DO HEREBY AUTHORIZE you to release to the Saskatchewan Workers' Compensation Board any and all information they, or their nominee, may require pertaining to my physical and/or mental condition including, but not limited to, all records, reports, progress notes, reports of diagnostic tests, medical and/or legal opinions and/or any other knowledge or information which you may possess that is relevant to the injury, and for so doing, let this be your good and sufficient authority. This information will be used to determine my entitlement from the Saskatchewan Workers' Compensation Board.

I HEREBY ACKNOWLEDGE that a photostatic copy of this authorization shall be considered and construed as being as effective as the original thereof.

Please print & sign form before mailing/faxing.

Signature of authorizer

Please print & sign form before mailing/faxing.

Signature of witness

(MM/DD/YYYY)

Date of signing authorization

