



Authorization for the Release of Information

Whereas the Workers' Advisor Office of the Northwest Territories and Nunavut is hereby requested and authorized to act on my behalf regarding my claim filed with the Workers' Safety and Compensation Commission (WSCC).

WSCC Claim Number

SIN Number

Worker's Name

of

Worker's Full Home Address

I hereby authorize the Workers' Advisor Office of the Northwest Territories and Nunavut to:

1. Request and receive full disclosure of all records, documents, and other material in possession of the WSCC to the Workers' Advisor Office of the Northwest Territories and Nunavut.
2. Communicate directly with WSCC staff concerning my claim.
3. Request and receive full disclosure of all records in the possession of any individual, business, or other organizations where requested records, documents, or other material are, in the opinion of the Workers' Advisor Office, necessary to further my WSCC claim.
4. Communicate directly with any individual, business, or other organization concerning my claim for the purpose of furthering my WSCC claim.

Dated this _____ day of _____.

Worker's Signature

Print Name

Witness Signature

Print Name