

AUTHORIZATION TO RELEASE RECORDS

TO: **TENNESSEE BUREAU OF WORKERS' COMPENSATION**
ATTN: Records Custodian
220 French Landing Drive
Nashville, Tennessee 37243-1002

This document authorizes you to release, make available or otherwise produce and provide any and all documents, information, or other records regarding my past or present claims for workers' compensation benefits to RECORDS DEPOSITION SERVICE, INC. and/or its agent(s) or representative(s), including but not limited to state forms, state file numbers, dates of injury, settlement documents, records of payments, copies of Complaints and/or Petitions, and/or any medical records that I have filed with the Tennessee Bureau of Workers' Compensation. This release includes any prior work related injuries I have filed with the Department of Labor regardless of whether or not said firm represents the Employer or whether or not claim was settled or resolved within the Tennessee Bureau of Workers' Compensation.

A copy of this authorization may be used as full force in effect as the original and remains valid until the conclusion of this matter with the Tennessee Bureau of Workers' Compensation.

This _____ day of _____, 2017

Employee Name (Please print)

Employee Signature

Date of Birth (month, date, year)

Social Security Number

Sworn and subscribed to before me, a Notary Public, this _____ day of _____, 2017.

Notary Public
My Commission Expires: _____