

REQUEST FOR FILE RELEASE

WorkSafeNB

1 Portland Street
 P.O. Box 160
 Saint John, New Brunswick
 E2L 3X9

Name of injured worker:

I, _____, do hereby authorize the Commission to release the information specified below, in connection with WorkSafe NB to:

Fidelis Law Droit located at 171, Lutz Street, Suite 202, Moncton, New Brunswick, E1C 5E8, telephone: (506) 801-1126 and facsimile: (844) 767 -7099

I hereby undertake to WorkSafeNB, that any information and/or documents divulged will be treated in the strictest confidence and will not be disclosed or communicated to any other person, except an advocate on my behalf, or a Court of Law.

Signatures: x _____

 Witness

Date: _____
 dd/mm/yyyy

Claim No.: _____

Please sign the appropriate box, indicating the information you require:

	Signature	Date Y/M/D
Copy of Complete Claim File	x	
Copy of Medical Reports Only		
Copy of Transportation or Medical Accounts Only		
Copy of the following Specific Information Only		

Upon receipt of this document, a cost of 0.25\$ per page will be estimated and you shall be advised. Payment must be received in full, prior to the copies being made.

For Office Use Only

# of Copies	@ 0.25\$ = total	Date Payment Received	Date Request Processed	Processed by