



## Employer's Request For Release Of File – FORM D

**Print, complete and submit this form by mail, fax or in person to:**

**P.O. Box 757, 14 Weymouth Street, Charlottetown, PE, C1A 7L7**  
[www.wcb.pe.ca](http://www.wcb.pe.ca)

**Phone: (902) 368-5680**  
**Fax: (902) 368-5696**

Case ID#:	Worker's Name:		
Company Name:			
Contact Name:	Position:		
Address:	Phone Number:		
Province:	Postal Code		

Bona Fides Issue in Dispute			
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<input type="checkbox"/> I hereby request that the WCB forward a copy of the above noted file(s) to me.	<input type="checkbox"/> to be Mailed	<input type="checkbox"/> to be picked up
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<input type="checkbox"/> I hereby request the WCB forward a copy of the above noted file(s) to my representative noted below. I also authorize the WCB to discuss my file(s) with my representative and provide the representative with a copy of new information, relevant to the bona fides issue in dispute, received on the file(s).	<input type="checkbox"/> to be Mailed	<input type="checkbox"/> to be picked up
I understand this authorization will remain in effect until I notify the WCB that it is no longer in effect.		

Name of Representative:			
Address of Representative:			

Employer's Signature:			
Date Signed:			

Personal information on this form is collected in accordance with section 31 of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering file releases. For further information about the collection of personal information, please contact the Workers Compensation Board's FOIPP Coordinator at P.O. Box 757, Charlottetown, PE, C1A 7L7 or telephone (902) 368-5680.

Case files for workers will be released in accordance with section 83 of the *Workers Compensation Act* and the Workers Compensation Board Policy, POL-04, Access To Information – Worker Claim Files.

**Do not email sensitive information.**