



Worker's Request For Release Of File – Form A

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE, C1A 7L7
www.wcb.pe.ca

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

Case ID#:			
Worker's Name:			Telephone Number:
Address:			
Province:	Postal Code:		

<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 authorize the WCB to 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 that is received on my file(s). I understand this authorization will remain in effect until I notify the WCB that it is no longer in effect.	<input type="checkbox"/> to be Mailed	<input type="checkbox"/> to be picked up
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Name of Representative:			
Address of Representative:			

Worker'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.