GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF LABOR

4401 Sion Farm - Christiansted
St. Croix, VI 00820-4245
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P. O. Box 302608
St. Thomas, VI 00803-2608
Phone: (340) 776-3700
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Workers' Compensation Administration

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____ , Social Security Number:_____

of St. Croix ( )/St. Thomas ( ), United States Virgin Islands hereby authorize

_____to disclose all

medical records or other information regarding my treatment, hospitalization and/or outpatient.

The information disclosed will be used in connection with my claim for benefits under the Virgin Islands Workers' Compensation Statue.

Date of Birth: _____

Date of Injury: _____

_____ _____
Injured Worker's Name **Date**

Home Address: _____

Mailing Address: _____

_____ _____
Witness **Date**

Form #: _____