South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675

Authorization of Release of Claims Information

TO BE COMPLETED BY THE EMPLOYEE/CANDIDATE

I, _____, understand that the records of the Workers' Compensation Commission in so far as they refer to my accidents, injuries, and/or settlements, are not open to the public, but only to me, the injured worker, my employer, and their representatives. I am voluntarily waiving my right to have my records in the possession of the Workers' Compensation Commission kept private.

I hereby authorize the South Carolina Workers' Compensation Commission to release my records to:

Business Name: _____

Mailing Address: _____

City: _____

State, Zip _____

I hereby release, discharge, exonerate, and agree to indemnify the South Carolina Workers' Compensation Commission, its agents, representatives, and any persons so furnishing information, from any and all liability of every kind and nature arising out of the furnishing or inspection of such documents, records, and other information, specifically including any attorneys' fees and costs incurred by the south Carolina Workers' Compensation Commission as a result of the furnishing of the requested information.

I understand that any suspected misuse of my personal information is for the purposes of unlawful discrimination or unfair treatment in employment should be reported to the South Carolina Human Affairs Commission, 1026 Sumter Street, Suite 101, Columbia, S.C. 29201.

_____ _____
Signature Date

_____ _____
Print Name Address