

# Authorization to Release Confidential Records

Public Records Unit  
PO Box 44632  
Olympia WA 98504-4632  
Fax: 360-902-5529

Submit this form with your Records Request if you are a third party requestor who would like to be granted access to someone else's confidential records. A third party is any person or entity who is authorized to receive records on behalf of another person or entity and is not a principal party entitled to records. Examples of third parties include, but are not limited to:

- Attorneys
- Insurance companies
- CPA/Accounting Firms
- Administrators (TPAs)
- Safety consultants
- Family member

If you are requesting Claim records, please use the [Authorization to Release Claim Information](#) form.

This is **not** a request for public records. Submit a Records Request and upload this form [online](#). You can also fax or mail the [Public Records Request](#) form to the contact information listed above.

### Authorization to Share Records:

Person or Entity <b>giving</b> authorization to share their confidential information:	UBI or Social Security Number:
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Type(s) of records you are authorizing to release. This is **not** a request for records.

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### Authorization to Share Records With:

Third party person or entity authorized to <b>receive</b> confidential information:
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### Signature

By signing this form, I authorize Washington State Department of Labor & Industries to release my records to the person/entity listed above. I may revoke or withdraw my permission in writing at any time but that will not affect records already shared. I understand that this is not a request for records.

Printed Name	Relation to Business (if applicable – must be a governing member)
Signature	Date

Questions? Check out our website [www.Lni.wa.gov/PublicRecords](http://www.Lni.wa.gov/PublicRecords) or call 360-902-5556