Tennessee Department of Labor
Division of Workers' Compensation
710 James Robertson PKWY, 2nd Floor
Phone (615) 253-1842 Fax (615) 532-1942

REQUEST FOR WORK INJURY INFORMATION

This authorization form is provided by this Division to comply with Senate Bill 1634, House Bill 2481 which restricts access to work injury reports. All requests for work injury information must be made by completing this form.

DATE SENT _____

NAME OF FIRM _____

MAILING ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

SIGNATURE OF REPRESENTATIVE _____

ACTING AS AN AGENT FOR _____

NAME	SSN	NO RECORDS