

EMPLOYEE RELEASE OF INFORMATION PERSONNEL RECORDS

| Date | Date |
|--|--|
| Employee Signature | Supervisor or Witness Signature |
| Employee Name (Print) | Employing Agency |
| An electronic of faxed copy of this document sh | nall have the same effect as the original. |
| I understand that this information will be kept st necessitate its release and will be gathered solo compensation claim. | , |
| I understand state contractors, agencies, healthcare providers and other individuals may communicate this information by any reasonable means, including written or telephonic communication or by direct interview, whether or not I am present during or notified of such communications, and I authorize, to initiate and conduct such communications whether or not I am present or have notice thereof. | |
| | nd all information for review, examination, copying state of North Carolina personnel file related to some not public information pursuant to state law. |
| I understand that claim examination and claim pertain information regarding this claim for distributional Commission, state contractors, agence | |
| My employer participates in the North Carolina Program administered by the NC Office of State | State Government Workers' Compensation |
| My employer filed an Employer's Report of Employer' | |
| To Whom It May Concern: | |