

# Authority to Release Information to a Third Party Workers Compensation Claims History



I, (full Name)

Date of Birth

authorise WorkSafe Tasmania to release my Workers Compensation Claim History

to (full Name)

of (company Name)

Address

Names of Previous Employers (if known)

Signature

Date

Address

Phone

Mobile Phone

Email

**For further assistance please contact:**

## Department of Justice

WorkSafe Tasmania

PO Box 56, Rosny Park, TAS 7018

Phone: (in Tasmania) 1300 366 322; (outside Tasmania) - 03 6166 4600; Fax 03 6173 0206

Email: [wstinfo@justice.tas.gov.au](mailto:wstinfo@justice.tas.gov.au) Website [www.worksafe.tas.gov.au](http://www.worksafe.tas.gov.au)

