

AUTHORIZATION FOR RELEASE OF INFORMATION TO THIRD PARTY

I _____, give authorization to HR ProFile to obtain
release information related to workers' compensation claims from the Industrial
Commission of Arizona.



Claimant Name _____

Claimant Social Security Number _____

Claimant Date of Birth _____

Requestor (Third Party) Name _____

The above claimant authorizes access to above-mentioned requestor to all workers'
compensation files on record as stated below.

Information requested:

- Workers' Compensation (Claim) Number
- Date of Injury
- Nature of Injury

_____	_____
<i>Claimant Signature</i>	<i>Date Signed</i>

Authorization must be signed and dated by Claimant.