



THE APPEAL COMMISSION
THE WORKERS COMPENSATION ACT OF MANITOBA

AUTHORIZATION FORM

Worker/Employer Name: _____

WCB Claim/Firm Nos. _____

This authorization permits the Workers Compensation Board of Manitoba and the Appeal Commission to release and discuss all information related to the above mentioned WCB claim(s) and/or firm(s) for the purpose of an appeal.

I, _____, hereby authorize the Workers Compensation Board and Appeal Commission to discuss and release all relevant information in relation to above mentioned claims and/or firms to those individuals listed below:

Representative Name(s):	Address:	Phone No.
_____	_____	_____
_____	_____	_____

Worker/Employer's Signature

Title (if applicable)

Date

Please note this authorization will be effective for a period of up to 2 years. Alternatively you may cancel this authorization by writing to the Appeal Commission