

Iowa Waiver Release of Records

I, the undersigned employee authorize the Iowa Division of Workers Compensation to release to ADP Screening & Selection Services, 301 Remington St, Fort Collins, CO 80524, as an agent for _____ the

Company Name

categories of confidential records that are checked below, that are in the division's custody and that contain information that identifies me.

First Reports of Injury (FROI) (screen prints) filed within the past 7 years.

Signed at _____ this _____ day of _____, 20____.
(City, State)

(Print Name)

Employee

(Signature)

To identify me and calls to verify that I signed this waiver, I provide my:

Social Security Number: _____

Date of Birth: _____

Address: _____

Telephone number: _____

14-0169 (7-05)

