**REQUEST FOR ACCESS TO DOCUMENTS OR RECORDS**

Worker’s Name: Enter text.

WCB Claim No: Enter text.

WCAT No: Enter text.

**Check One:** 🞏 Initial Request

🞏 Update Required

The Employer would like a copy of the following documents or records from WCAT:

* Copy of Complete WCB Claim File(s)
* Copy of Medical Reports Only
* Copy of the Following Documents/Records Only (Please Be Specific):

I understand and agree on behalf of the Employer to the following conditions regarding the WCAT’s release of documents or records to the Employer:

1. **the documents or records will be kept confidential and secure by the Employer;**
2. **the documents or records will only be used by the Employer to pursue or respond to the appeal;**
3. **the Employer will comply with any other conditions or restrictions the Tribunal may impose regarding the use and disclosure of the documents or records; and**
4. **this undertaking also applies to all documents provided by the Tribunal or participants in the course of this appeal.**

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| --- | --- | --- | --- | --- |
| Name and Title (*Please Print)* |  | Date |  | Signature |
|  |  |  |  |  |