**REQUEST FOR ACCESS TO DOCUMENTS**

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 from WCAT:

* Copy of complete WCB Claim file(s)
* Copy of medical reports only
* Copy of the following documents only (please be specific):

On behalf of the Employer, I understand and agree to the following conditions regarding WCAT’s release of documents to the Employer:

1. **the documents will be kept confidential and secure by the Employer;**
2. **the documents 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;**
4. **this undertaking applies to all documents provided by the Tribunal or participants in the course of this appeal; and**
5. **once the appeal matter has been closed, the documents must be securely destroyed or returned to the Tribunal.**

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| --- | --- | --- | --- | --- |
| Name and Title (*print)* |  | Date |  | Signature |
|  |  |  |  |  |