



Yukon Workers'
Compensation
Health and
Safety Board

401 Strickland Street, Yukon Y1A 5N8

REQUEST FOR RELEASE OF INFORMATION

APPLICANT

Name (last, first, middle) _____ Ms. Mrs. Mr.

Organization _____

Mailing address _____

City _____ Territory/Prov.: _____ Postal code _____

Telephone (day) _____ (alternate) _____ Fax _____

Please be advised, the board may set a fee for providing copies of documents.

REQUESTED INFORMATION

Please provide name of document(s) and any other details which help us locate the records. If you are requesting another person's information, you must attach that person's signed consent for disclosure or proof of authority to act on that person's behalf. If you need more space, please attach a separate sheet of paper.

I understand that the right of access to any information in the custody of or control of the YWCHSB does not extend to information exempted from disclosure by the Workers' Compensation Act, S.Y. 2008, c-12, the Occupational Health and Safety Act, R.S.Y. 2002, c-159.

Preferred method(s) of access to records Examine original Receive copy*

Mail

Check here if you wish to pick up material in person. Be prepared to show photo ID

Authorization letter attached to this form in the event you are unavailable to pick up the disclosure but have identified another individual to pick up the information on your behalf. That individual will need to show photo ID in order to pick up your information.

Name _____
Please Print

Signature x _____ Date signed _____
Year Month Day

FOR YWCHSB OFFICE USE ONLY

Request no. _____ Date received _____ Records Manager _____ Fee Total _____

For further information about Release of Information, please contact: YWCHSB Corporate Records Manager
401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645
Toll free: 1-800-661-0443, **Fax:** (867) 393-6279