



OKLAHOMA WORKERS' COMPENSATION COMMISSION

1915 N. STILES AVENUE · OKC, OK · 73105 · (405) 522-3222 · WCC.OK.GOV

Tulsa Office · 201 W. 5th Street · Tulsa, Oklahoma 74103 · (918) 295-3732

REQUEST FOR PRIOR CLAIMS FILE INFORMATION

Completed forms should be submitted to Records@wcc.ok.gov or mailed with a pre-addressed and stamped envelope to: Workers' Compensation Commission, Attn: Records Department, 1915 N. Stiles Avenue, Oklahoma City, OK 73105. Search fees and copy fees may apply.

Your Name: _____ Email Address: _____

Address/City/State/Zip Code: _____

I declare under PENALTY OF PERJURY that the information sought is not requested for a purpose in violation of state or federal law. I understand I am required by law to disclose the person for whom this search request is being made, if different than me. I agree to pay a search fee of \$1.00 per search request and any applicable copy charges.

Signature Date

Are you requesting this information on behalf of someone else? No Yes (If yes, complete the box below.)

Name of person for whom search is being made: _____
Mailing Address: _____

Please select the TYPE of search you are requesting:

By Name: (first and last name) _____

or

By Last 5 Digits of Social Security Number: (Requires worker's written authorization below.)

Worker's first and last name: _____ Last 5 digits of SSN: XXX-X - _____

I authorize the use of my name and last 5 digits of my Social Security Number to search for prior claims records.

Signature of SSN Holder Date

SEARCH FEE EXEMPTIONS

The requesting party may be exempt from the \$1.00 search fee if any of the following exemptions from 85A O.S. § 120(B)(2) apply. Please complete this section if applicable.

- 1. The requester is a public officer or a public employee conducting a search in the performance of their duties on behalf of a governmental entity or as may be allowed by law.
- 2. The requester is an insurer, self-insured employer, third-party claims administrator, or a legal representative thereof, and the request is necessary to process or defend a workers' compensation claim.
- 3. The requester is a worker or the worker's representative.
- 4. The disclosure is made for educational or research purposes and in such a manner that the disclosed information cannot be used to identify any worker who is the subject of a claim.
- 5. The requester is a health care or rehabilitation provider or the provider's legal representative, and the information is necessary to process payment of health care or rehabilitation services rendered to a worker.

6. The requester is an employer or personnel service company, and the worker provides written authorization permitting the search and designating the employer or personnel service company as the worker's representative for that purpose. (If selected, please provide authorization below.)

I hereby designate _____ (name of employer or personnel service company), as my representative solely for the purpose of conducting a lawful search of claims records of the Oklahoma Workers' Compensation Commission filed in my name, and provide my authorization to permit such a search.

Employee's Signature Employee's Printed Name Date