Please indicate ☑️ the TYPE of search you are requesting (please type or print):

☐ By Name

☐ By Name and the LAST 4 DIGITS of the Social Security Number (Authorization from the holder of the Social Security Number is required.)

First Name

Last Name

I authorize the use of my Name and the LAST 4 DIGITS of my Social Security Number to search for workers’ compensation information as evidenced by my signature below:

Signature of SSN Holder:

Date Social Security #: LAST 4 DIGITS ONLY
XXX-XX-____________________________________

I declare under PENALTY OF PERJURY that the information sought hereby is not for a purpose in violation of any state or federal law. I understand that I am required by law to disclose the person for whom this search request is being made, if different from myself.

REQUESTING PARTY: this search is being made on behalf of the following:

Name: __________________________________________________________________

Address : _________________________________________________________________

City: _______________________________   State: _____  Zip Code: _______________

Email: _______________________________

Please indicate your information below (the preparer of this form):

Preparer's Signature

Preparer’s Printed Name:

Telephone #: Address:

City: State: Zip Code:

This document is considered a public record under Oklahoma law.

Revised 7-1-19
Designation of Employer or Personnel Service Company as Representative for Employee for Purposes of Search

I, _______________________________________ (name of employee), hereby designate _______________________________________________________________ (name of employer or personnel service company), as my representative solely for the purpose of conducting a lawful search of the state workers’ compensation system records for prior workers’ compensation claims filed in my name, and hereby authorize said employer or personnel service company to conduct a search of such records.

Signed this _________ day of ___________________________, 20_________.

____________________________________
Signature of Employee

EXEMPTIONS
(Complete this section only if the requester meets one of the following exemptions.)

The requesting party is exempt from the search fee of One Dollar ($1.00) per search request because:

☐ 1. The requester is a public officer or a public employee in the performance of his or her duties on behalf of a governmental entity.

☐ 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 requesting party is the 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 requested information is necessary to process payment of health care or rehabilitative services rendered.

☐ 6. The requester is an employer or personnel service company, and the worker executes a written authorization permitting the search and designating the employer or personnel service company as the worker’s representative for that purpose. (If checking this option, next section should be completed.)

Designation of Employer or Personnel Service Company as Representative for Employee for Purposes of Search

I, ________________________________ (name of employee), hereby designate ________________________________ (name of employer or personnel service company), as my representative solely for the purpose of conducting a lawful search of the state workers’ compensation system records for prior workers’ compensation claims filed in my name, and hereby authorize said employer or personnel service company to conduct a search of such records.

Signed this _________ day of __________________________, 20_________.

____________________________________
Signature of Employee

This document is considered a public record under Oklahoma law.

Revised 7-1-19