

Department of Labor and
Industries
PO Box 44291
Olympia WA 98504-4291



Worker Release for Union Dispatch Records

To Whom It May Concern:

You are hereby authorized to provide the Washington State Department of Labor and Industries with a copy of my Union Dispatch Records.

I understand that Labor and Industries will use this information to evaluate my occupational disease claim for benefits.

I agree that this authorization will remain valid until the conclusion of this claim, unless revoked by me in writing to Labor and Industries.

YOU MAY accept a photocopy of the form as the original.

Signature of Worker or Representative

Date

Social security Number

Date of Birth

Return this form to:
Department of Labor and Industries
PO Box 44291
Olympia WA 98504-4291

If you are asking the Department to obtain your Union Dispatch Records, please provide the following information with your release form:

Names and addresses of all Union halls you have worked for, in or out of Washington State.

Union Hall Name		
Local		
Address		
City	State	Zip Code

Union Hall Name		
Local		
Address		
City	State	Zip Code

Union Hall Name		
Local		
Address		
City	State	Zip Code

Union Hall Name		
Local		
Address		
City	State	Zip Code