



**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I hereby authorize the Missouri Department of Labor and Industrial Relations, Division of Workers' Compensation, to release confidential information to \_\_\_\_\_ for the purpose

of making demand for payment on letter of credit number \_\_\_\_\_ as long as the obligation remains in force and effect. Release of this information to the named banking institution does not give the banking institution authority to request information other than information concerning the delinquent periods for which a demand for payment is being made. I also release the Missouri Department of Labor and Industrial Relations, Division of Workers' Compensation, and Division personnel from any and all liability under section 287.380, RSMo, resulting from the release and disclosure of confidential information to this banking institution.

In witness whereof I, (We) have duly executed the foregoing this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant Typed and Printed

\_\_\_\_\_  
Workers' Compensation Account Number

\_\_\_\_\_  
Owner/Officer Signature

\_\_\_\_\_  
Name and Title Typed and Printed

Before me personally appeared \_\_\_\_\_ who acknowledges that s/he signed the foregoing as his/her free act and deed.

I have hereunto set my hand and affixed my official seal at my office in this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My term expires \_\_\_\_\_  
Notary Public