



Office of Victim Services

ANDREW M. CUOMO
Governor

ELIZABETH CRONIN ESQ.
Director

WORKERS' COMPENSATION AUTHORIZATION

I hereby authorize the New York State Workers' Compensation Board to provide the New York State Office of Victim Services, or its representatives, any and all information with respect to any claim made relating to an incident for which a claim has been made to the Office of Victim Services.

(SIGNATURE OF CLAIMANT)

(DATE)

State of New York

County of _____

On this _____ day of _____ 20_____, before me, the

undersigned Notary Public in and for the State of _____

personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity and by his/her signature on the instrument (s)he executed the instrument.

Notary Public

Seal/Stamp



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