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