

Document and Imaging Services
4510-D Pennsylvania Avenue
Charleston, WV 25302
Phone: 304-558-1966 ext. 3500
Fax: 304-558-1021

REQUEST for FILE RECORD COPIES

Requester Information:

Name:	
Address:	
City/State/Zip:	
Phone:	

Requested Claimant or Employer Information:

Claimant or Employer Name:	
Claim or Risk#:	
Date of Injury:	
Date of Birth:	
SSN or FEIN#:	

A signed release form (e.g. attorney contract, subpoena, etc.) must be attached if the requester is someone other than the claimant or the employer.

PLEASE NOTE:

A separate "Request for File Record Copies" form must be completed for each file requested. Requests containing multiple claims or employers will be returned.

The information in response to the request will be provided on an encrypted CD. Records held by our office are stored on microfiche. Our office is not responsible for researching the claim to determine what information is stored in the file. Therefore, any and all records attached to the claim will be sent.

Please allow at least 10 business days from the date of receipt for completion of the request.

Please provide a brief description for this request below:

Requester's Signature: _____ Date: _____

Relationship to the Claimant or Employer: _____