STATE OF MAINE WORKERS' COMPENSATION BOARD 27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

| 1. REVISION DATE: | CERTIFICATE AUTHORIZING | | | 2. WCB FILE NUMBER (if known): | |
|--|-----------------------------------|-----------------|---|--------------------------------|--|
| MM DD YYYY | RELEASE OF UNEMPLO | | RMATION | | |
| | EMPLOYE | E | | | |
| 3. EMPLOYEE LAST NAME: | 4. FIRST NAME: | 5. Ml.: | 6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX- | | |
| 7. STREET/P.O. BOX MAILING ADDRESS: | 8. CITY: | 9. STATE: | 10. ZIP: | 11. HOME PHONE NUMBER: | |
| 12. DATE OF INJURY: | 13. SPECIFIC INJURY OR ILLNESS: | | 14. BODY PARTS (S) AFFECTED: | | |
| MM DD YYYY | | | | | |
| 15. INSURER FILE NUMBER: | EMPLOYER/IN 16. EMPLOYER NAME: | <u> </u> | /FR MAII ING AF | DDRESS AND PHONE NUMBER: | |
| | | | | | |
| 18. INSURER NAME: | 19.INSURER MAILING ADDRESS AND PH | ONE NUMBER: | NUMBER: | | |
| PART II (COMPLETED BY EMPLOYE | E) | | | | |
| I,, understand that the information in my unemployment | | | | | |
| compensation file(s) is confid | lential under 26 M.R.S.A. § | 1082(7), of the | Maine Re | evised Statutes. | |
| However, I waive my right to | confidentiality and authoriz | e the Denartm | ant of Lah | or to obtain and release | |
| | • | · | | | |
| benefit payment information, | pertaining to the benefit ye | ar ending | _//_ | , or calendar period | |
| from thr | through to the following: | | | | |
| Name: | | | | | |
| Title: | | | | | |
| Address: | | | | | |
| | | | | | |
| I understand that I may also | request a copy of this inform | mation be sent | to me. A | A copy of this | |
| waiver/consent is acceptable | . The completed form sho | ould be faxed | directly to | o Samantha | |
| Lee, Department of Labor, | Bureau of Unemployment | Compensation | n at 207- | 287-5908. | |
| Signature: | Date: | | | | |
| PART III (COMPLETED BY THE BUR | EAU OF UNEMPLOYMENT COMP | ENSATION) | | | |
| Unemployment benefit paym | ent information sent to the | requestor on _ | | | |
| Signature: | Date: | | | | |

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711. WCB-7 (effective 9/1/2020, revised 10/9/2025)