

EMPLOYER CERTIFICATE AND EMPLOYEE CLAIMS HISTORY RELEASE

(For Employers NOT Subject to the A.D.A.)

Pursuant to Idaho Code § 74-105(10)(c), the undersigned worker hereby authorizes the release of a copy of a computer claims history search of the last five (5) years of their workers' compensation claims from the records of the Idaho Industrial Commission to the employer, prospective employer, or employer's agent identified below. **All requested information is mandatory; incomplete forms will not be processed.**

Worker's Full Name: _____

Other Names Used: _____

Worker's Address: _____

Worker's Phone Number: (_____) _____

Worker's Social Security Number: _ _ _ - _ _ - _ _ _

Authorizing Employee's Signature: _____

Date Signed: _____

Requesting Employer's or Prospective Employer's Information:

Name of Company: _____

Mailing Address: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Email Address: _____

The undersigned certifies and agrees to all of the following:

- ~ the requester is an authorized representative of the identified worker's current employer or prospective employer;
- ~ by signature below of its authorized agent, the requesting employer certifies that it is NOT subject to the provisions of the Americans with Disabilities Act (A.D.A. – 42 U.S.C. 12112);
- ~ the requested information will only be used in accordance with any statutory or other legal limitations;
- ~ this certificate is made under oath and subject to the provisions of Idaho Code § 18-5401, regarding false statements made under oath;
- ~ no public records received via this request will be used to create a mailing list or telephone list;
- ~ the IIC may require the employer to pay reasonable fees for this request, per Idaho Code § 74-102;
- ~ the IIC may request the undersigned's government issued photo identification to verify my identity; and
- ~ the IIC may contact the undersigned to clarify the request, provide a fee estimate, and make arrangements regarding examination or delivery of any responsive records.

Check one: ☐ I **am not** a resident of Idaho ☐ I **am** a resident of Idaho as defined in Idaho Code § 74-101(15).

I declare under penalty of perjury under the laws of the State of Idaho that all of the foregoing is true and correct.

Requesting Employer's Signature: _____ **Date Signed:** _____

Printed Name of Individual Signing Request : _____

SEND THIS COMPLETED REQUEST TO:

IDAHO INDUSTRIAL COMMISSION, ATTN: RECORDS MANAGEMENT
PO BOX 83720, BOISE, ID 83720-0041 FAX: 208-334-2321
EMAIL: RECORDSMANAGEMENT@IIC.IDAHO.GOV