



Growth, Enterprise and Trade

Worker Advisor Office – Labour and Regulatory Services
606-401 York Avenue, Winnipeg, Manitoba, Canada R3C 0P8
T 204-945-5787 / 1-800-282-8069 F 204-948-2020
www.gov.mb.ca/labour/wao

Authorization

Name:

Address:

Phone No:

WCB Claim No:

I, _____, hereby authorize the Worker Advisor Office, to act and make any representations on my behalf in all matters authorized by *The Workers Compensation Act* concerning my claim for Workers Compensation and, I authorize and direct The Workers Compensation Board to furnish all information regarding my compensation claim to the Worker Advisor Office, as well as any other relevant claims as identified by the Worker Advisor Office, and

I authorize and direct all persons to furnish any or all information, reports, and material concerning the care of myself, whether personal or medical, to Manitoba Labour and Immigration, Worker Advisor Office.

Signature of claimant

Date

Please note: Should you wish this information released to any other person/party a specific release form will need to be signed.