



STATE OF MISSOURI
 OFFICE OF ADMINISTRATION
 RISK MANAGEMENT SECTION
**AUTHORIZATION TO RELEASE MEDICAL RECORDS -
 WORKERS' COMPENSATION**

**CENTRAL ACCIDENT REPORTING OFFICE
 (CARO)
 P.O. BOX 809
 JEFFERSON CITY, MO 65102
 573-751-2837
 TOLL FREE 1-888-622-7694**

To Whom It May Concern:

I, the undersigned, _____, PRINT OR TYPE NAME,
 _____, DATE OF BIRTH, do hereby request and authorize any medical health care provider, upon presentation
 of this authorization, to disclose to the State of Missouri, Central Accident Reporting Office, or its
 representative, including the Attorney General of Missouri and his Assistants, any material or information
 concerning _____ PRINT OR TYPE NAME with respect to illness or injury,
 medical history, consultation, treatment including but not limited to x-rays, medical histories, nurses' notes,
 prescriptions and copies of all hospital or medical records. A photostatic copy of this authorization shall be
 considered as effective and valid as the original.

This is not a release of any claim I may have.

SIGNED		DATE
STREET ADDRESS		
CITY	STATE	ZIP CODE