

## Information Release

Name of Injured Employee: \_\_\_\_\_

Date/Time of Injury: \_\_\_\_\_

Location Where Injury Occurred: \_\_\_\_\_

I hereby authorize Hamilton College, or any of its representatives, to be furnished any information and facts regarding this injury, including reports and records, results of diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment. This information is to be used for the purpose of evaluating and handling my claim for injury as a result of an accident occurring on or about the above-noted date of injury and for no other purpose, now or in the future.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*