

WORKER'S REQUEST FOR WORKERS COMPENSATION RECORDS

K-WC 98 (Rev. 3-14)

MAIL: Division of Workers Compensation
401 SW Topeka Blvd., Suite 2
Topeka, KS 66603-3105
FAX: (785) 291-3430

This form is NOT to be used by employers to access workers compensation records.

First name: _____ MI: _____ Last name: _____

Social Security number: _____

Street address or P.O. Box number: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____

Date(s) of accident(s) (mm/dd/yyyy): _____

Specify the records you are requesting: Accident report summaries Docket summaries
 Actual filings

Electronic download (registered users only; if not yet registered, see form K-WC 96)

I am requesting that a copy of my records be sent to my legal representative:

First name: _____ MI: _____ Last name: _____

Street address or P.O. Box number: _____

City: _____ State: _____ ZIP: _____

I am requesting that a copy of my records be sent to me.

I hereby verify that I am requesting accident report summaries, docket summaries or actual filings involving an accident or prior claim in which I either sought workers compensation or suffered an injury. I hereby give the Division of Workers Compensation permission to send my records to the person or persons specified above.

Signature of worker: _____ Date: _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.