RELEASE AND CONSENT TO DISCLOSURE

| (Printed Name) | (Birth Date) | (Social Security Number) |
|--|--|--|
| do hereby authorize the Department (Kentucky ("Department"), to release t | | abor Cabinet, Commonwealth of |
| (Person or entity to v | whom records may be | released) |
| and deliver, by mail or otherwise, to the | nat person or entity a | t the following address: |
| (Street Address) | | |
| (City) | | |
| (State, Zip Code) | | , |
| and information may include, but are claim file material including medica awards. By affixing my signature belo of any and all such records and docum affirmatively state I understand and delivery of this material I am waiving a from disclosure under the Kentucky O | al records and repor w, I affirmatively con tents, and all informa d acknowledge that any right to claim the | ts, settlement agreements, and sent to the release and disclosure tion contained therein. I further by authorizing the release and material to be released is exempt |
| (Typed or printed name of person rele | asing information) | |
| (Signature of person releasing information) | ation) | |
| STATE OF | | |
| COUNTY OF | | |
| Subscribed, sworn to, and acking County and State, personally by, 2018. | _ | a Notary Public, in and for said , on this the day of |
| | Notary Pu My Comm | ublic nission Expires: |