



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the Missouri Department of Labor and Industrial Relations, Division of Workers' Compensation, to release confidential information to _____ for the purpose

of making demand for payment on letter of credit number _____ as long as the obligation remains in force and effect. Release of this information to the named banking institution does not give the banking institution authority to request information other than information concerning the delinquent periods for which a demand for payment is being made. I also release the Missouri Department of Labor and Industrial Relations, Division of Workers' Compensation, and Division personnel from any and all liability under section 287.380, RSMo, resulting from the release and disclosure of confidential information to this banking institution.

In witness whereof I, (We) have duly executed the foregoing this _____ day of _____, 20____.

Applicant Typed and Printed

Workers' Compensation Account Number

Owner/Officer Signature

Name and Title Typed and Printed

Before me personally appeared _____ who acknowledges that s/he signed the foregoing as his/her free act and deed.

I have hereunto set my hand and affixed my official seal at my office in this _____ day of _____, 20____.

My term expires _____
Notary Public