

In the matter of an appeal under Section 21 of the  
*Workplace Health, Safety and Compensation Commission  
and Workers' Compensation Appeals Tribunal Act*

**WORKERS' COMPENSATION APPEALS TRIBUNAL**

**APPEAL RECORD RELEASE**

**CONSENT**

I, \_\_\_\_\_, do hereby authorize the Appeals Tribunal to release a copy of the  
*Appeal Record* in connection with Workplace Health, Safety and Compensation Commission claim  
number (and related claim(s)) \_\_\_\_\_ to \_\_\_\_\_.  
*(Worker's Representative)*

City of \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
WORKER'S SIGNATURE

**UNDERTAKING**

I, hereby undertake to the Appeals Tribunal, that any information and/or documents disclosed or  
delivered to me in the *Appeal Record* of \_\_\_\_\_, claim number  
\_\_\_\_\_, will be treated in the strictest confidence and will not be disclosed or communicated  
*(Worker's Name)*  
to any other person except those involved with the appeal.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
WORKER'S REPRESENTATIVE SIGNATURE

Preferred Title (Mr., Ms., Mrs., Mx., Other (please specify): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Correspondence:  Paper  Electronic version

Copy of the Appeal Record:  Paper  Electronic version

November 2024