



# Lackawanna Insurance Group

Lackawanna Casualty Company • Lackawanna American Insurance Company  
• Lackawanna National Insurance Company

## Authorization to Release Information

To Whom It May Concern:

I hereby request and authorize you to furnish to Lackawanna Insurance Group any and all information you have concerning

\_\_\_\_\_,  
with respect to any illness or injury, medical history, consultation, treatment, including x-rays, as well as copies of all hospital or medical records, military records and / or other Workers' Compensation records.

I further request and authorize employers to furnish complete information including but not limited to wages, commissions, and any other form of compensation.

A photocopy of this authorization shall be considered as effective and valid as the original authorization.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_