



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: _____