

**CONSENT TO DEVELOP
MEDICAL AND WAGE INFORMATION**

“I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records of every sort and kind, interview doctors and other attendants regarding all matters relating to examination, diagnosis, care and treatment of myself. I further consent and request that the bearer be permitting to interview and correspond will all employers regarding all matter relating to my earnings and loss of earnings”

“I am willing that a Photostat of this authorization be accepted with the same authority as the original.”

Date _____

Sign _____

Address _____



**Workers' Compensation Program
THE NAVAJO NATION
P.O Box 2489
Window Rock, AZ 86515
Phone #: (928) 871-6389**

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