LCC 4-color

**Workers’ Compensation Claim – FERPA Waiver Form**

**TO:** Lansing Community College – Human Resources

**FROM:**  Click or tap here to enter text.

(Student’s Name)

**DATE:**  Click or tap to enter a date.

**RE:** Student Staff – Information Release Authorization

As a student and employee of Lansing Community College ("LCC") my employment records may be considered education records under the Family Educational Rights and Privacy Act ("FERPA"). As such, my employment records or personally identifiable information therein may not be disclosed to third parties without my written consent. By executing this form, I understand that I am waiving any rights of non-disclosure under FERPA as to the information and records specified below for the purpose of allowing LCC and its workers' compensation insurer, the Accident Fund Insurance Company of America ("Accident Fund"), to process any workers' compensation claim I may have arising out of my employment with LCC.

This authorizes and requests LCC to disclose to the Accident Fund and the Michigan Department of Labor and Economic Growth, Workers' Compensation Agency ("WCA") for review and examination any and all of your records relating to my employment, including any Form WC-100, payroll records, accident or injury reports and related medical documentation and any further information which may be available to you, and to discuss the same with you.

LCC is further authorized to provide any representative of the Accident Fund or the WCA with a copy of any and all such records and materials.

I understand that a failure to provide this authorization may affect the Accident Fund's processing of any workers' compensation claim I may have, or my right to workers' compensation benefits. I further understand that pursuant to FERPA I may request from LCC a copy of all records submitted by LCC to the Accident Fund or the WCA.

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

**Employee Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click or tap to enter a date.

**Print Employee Name:** Click or tap here to enter text.