



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

Re: Records Privacy Request

Mail to: Florida Department of Financial Services
Division of Workers' Compensation
Bureau of Data Quality and Collection
Attn: Records Privacy Section
200 East Gaines Street
Tallahassee, FL 32399-4226

OR

Fax to: (850) 488-3453

EMPLOYEE CONFIDENTIAL REQUEST FORM (Mail or Fax)

Please print legibly in blue or black ink

Pursuant to Section 119.071(4)(d)2, Florida Statutes, I am submitting a written request seeking the protection of my personal information, including my home address, telephone number, and other non-public information in the custody of the Division of Workers' Compensation, based on my eligibility as determined by my occupation:

Name: _____

** SS# (last 4 digits): _____ Date of Birth (xx/xx/xxxx): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home or Primary Phone #: _____ Email: _____

Qualifying Occupation (current or former): _____

Employer: _____

Date(s) of any FL WC injury: _____

If form is being submitted by the Employer of an Employee requesting the exemption:

Name of Person Submitting Request: _____

Business Title: _____ Employer: _____

Telephone Number: _____ Email: _____

(Signature of Person completing form)

(Date)

**** Important Note:**

For your protection, please only provide the last 4 digits of the SSN. Our office will contact you within three business days for the full SSN(s). Please understand that all information requested above (including the complete Social Security Number via telephone contact) is needed for us to protect the confidentiality of your personal information covered under Section 119.071(4)(d)1, F.S. Delays in providing the required information above will delay the processing of your request.