



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

SPOUSE/CHILD 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 the personal information, including home address, telephone number, and other non-public information in the custody of the Division of Workers' Compensation, for my spouse and/or child named below, based on my eligibility as determined by my occupation. **I am also submitting or have previously submitted the 'Employee Confidential Request Form' for myself.**

My Information:

Name: _____ Email: _____

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

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home or Primary Phone #: _____ Date(s) of any FL WC injury: _____

Qualifying Occupation (Title and/or Description): _____

Employer (at time occupation held): _____

Spouse/Child Information:

Spouse's Name: _____ ** SS# (last 4 digits): _____ Date of Birth: __/__/____

Child's Name: _____ ** SS# (last 4 digits): _____ Date of Birth: __/__/____

Child's Name: _____ ** SS# (last 4 digits): _____ Date of Birth: __/__/____

Child's Name: _____ ** SS# (last 4 digits): _____ Date of Birth: __/__/____

Signature _____ **Date:** _____

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

Name and Title of Person Submitting Request: _____

Employer: _____ Phone: _____ Email: _____

**** 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 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.