VIRGINIA VICTIMS FUND
Helping Innocent Victims of Crime
OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND

# Permission for Verbal Communications

A Division of the Virginia Workers' Compensation Commission

Web: www.virginiavictimsfund.org · Mail: P.O. Box 26927, Richmond, Virginia 23261 · Phone: 1.800.552.4007 · Fax: 804.823.6905

**INSTRUCTIONS: PLEASE COMPLETE, SIGN, AND MAIL OR FAX TO THE ADDRESSES LISTED ABOVE.**

______________________________________________ ______________________
(Print name of claimant here) (VVF Claim No.)

______________________________________________ ______________________
(Street address) (City, state, zip code)

______________________ __________________ ______________________
(Phone number) (Birth date) (Last 4 of Social Security No.)

**I permit Virginia Victims Fund staff to discuss information related to the above-named claim, in person or by telephone, with the following family members who are assisting me in completing my VVF claim:** *(List family members and indicate their relationship to the victim and the last four of their Social Security Number).*

This authorization is limited to discussions regarding the following:

__________________________________________________________________________
(If no limitations are listed, discussions will be permitted regarding any medical condition for which the victim has received care.)

| | Name | Phone Number | Relationship | Last 4 of SSN |
|---|---|---|---|---|
| 1. | ______________________________ | ______________ | ___________ | _________ |
| 2. | ______________________________ | ______________ | ___________ | _________ |

Release of information under this document is limited to ***verbal communication*** with Virginia Victims Fund staff. This document does not permit the release of any written information to the individuals named above.

This authorization is limited to the following timeframe from ____________ (date) to _____________ (date). If no dates are indicated, this form will remain in effect for an unlimited amount of time.

**If, at any time, I do not want verbal discussions to be permitted between Virginia Victims Fund staff and any of the individuals named above, I must notify Virginia Victims Fund in writing.**

Claimant's Signature: ________________________________________ Date ______________