



Student Health Center
WORKER'S COMPENSATION REFERRAL AUTHORIZATION
 The University Corporation
 18111 Nordhoff Street, Northridge, CA 91330 - 8309
 (818) 677-3648

_____, employed at the
 (Name of Employee)

University Corporation, has been injured on the job. Please provide the necessary medical attention. The name of our Insurance Carrier is:

SEDGWICK CMS

Please contact TUC Human Resource Services at (818) 677-3648 or 5040.

The employee is to present this referral authorization card to the Student Health Center upon arrival. This card must be signed by the employee's supervisor or department head.

SIGNATURE OF SUPERVISOR _____ DATE _____

PRINT NAME _____

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