Powerful Insight From People You Trust
Premier Provider of Employment Screening Services

State of North Carolina
Industrial Commission

Date: _____

I, _____, am authorizing **Applicant Insight** to conduct a Worker's Compensation case search, in search of any and all information in my claim file including and not limited to any medical, legal, or other materials whatsoever pertaining to any matter related to a claim that are contained within the file, in compliance with the Federal American Disabilities Act.

Thank You,

Name: _____

Social Security Number: _____-____-_____

Date of Birth: _____ / _____ / _____

Signature: _____

STATE OF _____)
) ss.
County of _____)

SUBSCRIBED AND SWORN TO Before me this _____ day of _____, _____.

NOTARY PUBLIC for _____
Residing at: _____
My Commission Expires: _____