



**APPLICANT  
INSIGHT**

Powerful Insight From People You Trust

**South Carolina Workers Compensation Release Form**

Date: \_\_\_\_\_

I, \_\_\_\_\_, am authorizing Applicant Insight to conduct a workers compensation case search, in search of any and all inquiries reported on my behalf to the South Carolina workers Compensation Division, in compliance with the Federal American Disabilities Act. This information is for employment purposes only.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_