



North Dakota 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 North Dakota Workers Compensation Division, in compliance with the Federal American Disabilities Act. This information is for employment purposes only.

Thank You,

Name: \_\_\_\_\_

AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Signature: \_\_\_\_\_