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

State of Minnesota

Department of Labor and Industry

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am authorizing Data Facts, Inc. to conduct a workers compensation case search, in search of any and all inquiries reported on my behalf to the Minnesota Department of Labor and Industry, in compliance with the Federal American Disabilities Act.

This request is a condition of future employment with .

Please forward any and all results, as well as copies of claims and dispositions to:

Data Facts, Inc.

8000 Centerview Parkway, Suite 400

Cordova, TN 38018

Tel: 901-685-6799

Thank You,

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

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

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

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

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