

Hawaii Department of Labor  
Department of Workers' Compensation

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

I, \_\_\_\_\_, am authorizing Data Facts, Inc., located at 8000 Centerview Parkway, Suite 400, Cordova, Tennessee 38018, to conduct a workers compensation case search, in search of any and all inquiries reported on my behalf, to the Hawaii Department of Labor, in compliance with the Federal American Disabilities Act.

Regards,

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

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

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

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

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