

State of Indiana
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 Indiana Department of Workers Compensation, in compliance with the Federal American Disabilities Act.

Regards,

Name: _____

AKA: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____