

Nevada Department of Business & Industry
Division of Industrial Relations

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 Nevada Department of Business & Industry/Division of Industrial Relations, in compliance with the Federal American Disabilities Act.

Regards,

Name: _____

AKA: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____