



Date: _____

New Jersey Workers' Compensation Division

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

Thank You,

Name: _____

AKA: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____



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