



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

New Mexico Department of 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 Mexico Department of 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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