

Pennsylvania Department of Labor & Industry  
Bureau of Workers' Compensation  
1171 South Cameron Street, Room 109  
Harrisburg, PA 17104-2501  
Attention: Records Unit

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 Pennsylvania Bureau of Workers' Compensation, in compliance with the Federal American Disabilities Act.

Regards,

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

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

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

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

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