

South Dakota Department of Labor and Regulation  
Division of Labor & Management  
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 South Dakota Division of Labor & Management, Workers' Compensation, in compliance with the Federal American Disabilities Act.

Regards,

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

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

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

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

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