

Virginia Workers' Compensation Commission
333 E. Franklin Street
Richmond, VA 23219

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 Virginia Workers' Compensation Commission, in compliance with the Federal American Disabilities Act.

Regards,

Name: _____

AKA: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____