



North Carolina



**State of North Carolina
Industrial Commission**

Date:

I, _____, am authorizing aINSIGHT to conduct a North Carolina Worker's Compensation case search, in search of any and all information in my claim file including and not limited to any medical, legal, or other materials whatsoever pertaining to any matter related to a claim that are contained within the file, in compliance with the Federal American Disabilities Act.

Thank You,

Name:

AKA:

Social Security Number:

Date of Birth:

Signature:

STATE OF _____ County/City of _____, To Wit:

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission Expires:

Signature of Notary Public

