



Nevada



State of Nevada
Department of Workers' Compensation

Date:

I, _____, am authorizing aINSIGHT to conduct a workers compensation case search, in search of any and all inquiries reported on my behalf to the Nevada Department of Worker's Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name:

AKA:

Social Security Number:

Date of Birth:

Signature:

