



South Carolina



**South Carolina Workers Compensation Release Form**

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 South Carolina Department of Worker's Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name:

AKA:

Social Security Number:

Date of Birth:

Signature:

