



South Dakota



**South Dakota 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 Dakota Workers Compensation Division, in compliance with the Federal American Disabilities Act.

Thank You,

Name:

AKA:

Social Security Number:

Date of Birth:

Signature:

