



Virginia



State of Virginia
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 Virginia Department of Worker’s Compensation, 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

