



Washington



State of Washington Department of Workers Compensation,

Date:

I, _____, am authorizing aINSIGHT to conduct a workers compensation case search, in search of any and all claims records for workers compensation on my behalf to the Washington Department of Workers Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name:

AKA:

Social Security Number:

Date of Birth:

Signature:

