



Wyoming



**State of Wyoming Department of Workers Compensation,**      Date:

I, \_\_\_\_\_, am authorizing aNSIGHT to conduct a workers compensation case search, in search of any and all inquiries reported on my behalf to the Wyoming Department of Workers' Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name:

AKA:

Social Security Number:

Date of Birth:

Signature:

