

STATE OF VERMONT  
WORKERS COMPENSATION RECORDS SEARCH RELEASE

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**AUTHORIZATION FOR RELEASE OF INFORMATION TO THIRD PARTIES**

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Claimant Name: \_\_\_\_\_

Claimant Social Security Number: \_\_\_\_\_

Requestor (Third Party) Name: **TruDiligence, LLC.** \_\_\_\_\_

Employer Name: \_\_\_\_\_

The above referenced claimant authorizes limited access to above mentioned requestor to all Vermont workers compensation files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimants signature, unless claimant notifies the Division of Workers Compensation in writing before such time, that claimant is revoking said authorization. Claimant certifies that in accordance with the Americans with Disabilities Act, a conditional job offer has been made prior to requesting access to Workers Compensation files.

Information provided may be limited to:

- Workers Compensation Number
- Date of Injury
- Part of Body
- Employer

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date Signed (to be completed by claimant)

Authorization must be signed and dated by the claimant.

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Send return by email, fax or US mail to:

TruDiligence  
3190 S Wadsworth Blvd  
Suite 260  
Lakewood, CO 80227

Office: 303 692 8445  
Fax: 303 692 8511  
support@trudiligence.com