STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
INFORATION DISCLOSURE PRE-EMPLOYMENT RELEASE

AUTHORIZATION FOR RELEASE OF INFORMATION

Claimant Name: _____
(Applicant)

Claimant SSN: _____
(Applicant Social Security Number)

Claimant DOB _____
(Birthdate)

Job Offered _____

The above referenced claimant authorizes TruDiligence access to all Alabama workers' compensation files. Claimant further acknowledges that above requestor/employer has made a conditional job offer prior to workers compensation records search in accordance with the Americans with Disabilities Act. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization.

_____ _____
Claimant Signature Date Signed (to be completed by claimant)

Authorization must be signed and dated by the claimant.

Notarization is required

STATE OF _____)
) ss.
COUNTY OF _____)

When using an embossed seal, please shade before faxing.

Subscribed and sworn to before me this

_____ day of _____, 20_____

by _____
(Print name of claimant)

_____
Signature of Notary Public

My commission expires:_____