

STATE OF ARIZONA
INDUSTRIAL COMMISSION
RECORDS DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

Claimant Name: _____
(Applicant)

Claimant SSN: _____
(Applicant Social Security Number)

Requestor Name: _____
(Employer Name)

The above referenced claimant authorizes TruDiligence access to all Arizona Industrial Commission workers compensation files. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Workers Compensation Commission in writing before such time, that claimant is revoking said authorization.

Claimant
(Applicants Signature)

Date Signed

Must be signed and dated by the claimant/applicant in the presence of a notary.

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: _____