



Massachusetts Workers Compensation Release Form

Date: _____

I, _____ am authorizing Applicant Insight to conduct a workers compensation case search, in search of any and all inquiries reported on my behalf to the Massachusetts Department of Worker's Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name: _____

AKA: _____

Date of Birth: _____

Social Security Number: _____

Signature: _____