



Date: _____

Michigan Department of Worker's Compensation

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 Michigan Department of Worker's Compensation, in compliance with the Federal American Disabilities Act.

Thank You,

Name: _____

AKA: _____

Social Security Number: _____

DOB: _____

Signature: _____