



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

Thank You,

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

AKA: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Signature: \_\_\_\_\_