



Iowa Workers' Comp Claim Report

Instructions to order search

To order an Iowa Workers' Compensation claim report, please follow these instructions:

1. Order the IA Workers' Comp claim report online through your NCS account.
2. Have the applicant complete the attached Request Form and the BOTTOM portion ONLY (Name, Signature, DOB, SSN, Address, Telephone Number) of the IA Workers' Compensation Authorization form.
3. Fax the completed forms to NCS at 800-571-6303.

The results will be uploaded to your online account and an e-mail will be sent to you as soon as the results are available. Expect about 12 business days to receive your results.

Please contact NCS if you have any questions.

Phone: 888-527-3282

Fax: 800-571-6303

E-mail: support@nationalcrimesearch.com

Thank you for your business.

Sincerely,

NCS



WORKER'S COMPENSATION REQUEST FORM

Company & Person Requesting: **National Crime Search, Inc.**
Travis Fink
Account Number: E0926

Date:

SUBJECT INFORMATION

(MUST BE PROVIDED FOR ALL REQUESTS)

NAME:

DOB:

SS#:

ADDRESS:

OCCUPATION:

W/C SEARCH STATE:

FAX THIS DOCUMENT WITH ANY STATE SPECIFIC AUTHORIZATION FORMS TO

800-571-6303

Waiver for Release of Records

I, the undersigned employee, authorize the Iowa Division of Workers' Compensation to release to:

(Name of authorized recipient)

the categories of confidential records that are checked below, that are in the division's custody and that contain information that identifies me

- All confidential records of any nature
- First Reports of Injury (FROI) (screen prints) filed within the past ___ years
- Subsequent Reports of Injury (SROI) (screen prints) filed within the past ___ years
- Evidence received in a contested case hearing
- The transcript from a contested case hearing
- Other (describe specific records to release) _____

Signed at this _ day of _____, 20__ (city, State)

(Print Name)

Employee

(Signature)

To identify me and calls to verify that I signed this waiver, I provide my:

Social security number: _____

Date of Birth: _____

Address: _____

Telephone number: _____

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