



## MN Workers' Comp Claim Report

### Instructions to order search

To order a MN Workers' Compensation claim report, please follow these instructions:

1. Order the MN Workers' Comp claim report online through your NCS account.
2. Complete the attached Request Form and the MN 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 at least a week to receive your results.

Contact NCS if you have any questions.

Phone: 888-527-3282

Fax: 800-571-6303

E-mail: [support@nationalcrimesearch.com](mailto: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

**AUTHORIZATION FORM FOR FILE REVIEW OR RELEASE OF COPIES OF  
WORKERS' COMPENSATION CLAIMS FILE.**

To: STATE OF MINNESOTA  
Worker' Compensation Administrative  
Operations Records Section  
Attn: Copy — File

I hereby authorize all Agents and Assigns, to review and/or receive copies of any or all parts of the Minnesota Worker' Compensation claims file (s), for the date (s) or injury, any and all first reports. This authorization is valid for six months from the date signed.

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

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

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

Insurer Name (if known): \_\_\_\_\_

Date (s) of Injury: \_\_\_\_\_

Information concerning disability may not be used to make a job decision unless state or federal law requires use of this information. Any use or distribution of this information beyond that authorized by the subject of this data unless authorized by state or federal law is prohibited. Questions concerning use of disability information may be directed to the Minnesota Department of Human Rights at (612) 296-5663, or toll free in greater Minnesota at 1-800-652-9747.

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Signature

Company Name (if applicable)

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Date

\*This request is a condition on a job *offer*.