



Waiver for Release of VA Workers' Comp Records

Company Name: _____

I, the undersigned applicant, authorize the Virginia Division of Workers' Compensation to release to National Crime Search any and all confidential records that are in the division's custody and that contain information that identifies me.

Signature

Date

Notary Public Signature

Date

Full Legal Name (please print)

Other or Former Names (please print)

Address

City/State

Zip

Date of Birth

SSN

****To avoid delays, please make sure to notarize this form before emailing it to support@nationalcrimesearch.com or faxing it to 800-571-6303.**

CA, MN, OK only

I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have the right under **California, Minnesota, and Oklahoma** law to receive a copy of that consumer report from the employer free of charge. I understand that by checking "yes" below, a copy will be provided to me at the address I provided above.

I would like to receive a copy of my consumer report (background check) (CA, MN, OK only) Yes No

Your Background Screening Partner