



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.

Your Background Screening Partner