REQUEST FOR CLAIMS FILE INFORMATION/PRIOR CLAIMS

Please indicate ☑ the TYPE of search you are requesting (please type or print):

☐ By Name	
First Name	
Last Name	

☐ By Social Security Number (Requires Authorization from holder of Social Security Number as evidenced by signature below)	
First Name	Last Name
I authorize the use of my social security number to search for workers' compensation information as evidenced by my signature:	
Signature of SS# Holder:	
Date	Social Security #:

This search is being made on behalf of the following:

Name: ABSOLUTE BACKGROUND SEARCH, INC.

Address : PO BOX 220500

City: HOLLYWOOD State: FL Zip Code: 33022

Please indicate your information below (the preparer of this form):

I declare under **PENALTY OF PURJURY** that the information sought hereby is not for a purpose in violation of any state or federal law. I understand that I am required by law to disclose the person for whom this search request is being made, if different from myself.

Preparer's Signature		Preparer's Printed Name:		
Telephone # 888-998-7300	Address: PO BOX 220500	City: HOLLYWOOD	State: FL	Zip Code: 33022

Rev. 04/2012

This document is considered a public record under Oklahoma state law.