

THE INDUSTRIAL COMMISSION OF ARIZONA

RELEASE OF WORKERS COMPENSATION

I, _____, _____,
Applicant (Print Name) Applicant Social Security Number

give permission to the Industrial Commission of Arizona to release any and all workers' compensation record(s) information to **Records Department** with **Premier Employment Screening Services** at **113 South College Avenue, Fort Collins, CO 80524.**

Signature (Applicant)

Date



P R E M I E R
EMPLOYMENT SCREENING SERVICES