

PENNSYLVANIA WORKER'S COMPENSATION RELEASE

From: Employer: _____ Employee: _____

Address: _____ Address: _____

S.S. #: _____

EMPLOYEE AUTHORIZATION

I, _____, do hereby certify that I received an offer of employment from
Employee

_____, on _____ and
Employer and Address **Date**

authorize the Pennsylvania Bureau of Workers' Compensation Bureau to release all information from Bureau files.

I affirm the information I have provided herein is true. I understand that if I make any false statements which I do not believe to be true and thereby mislead the public servant to whom this request is directed in performing his/her official function, I may be subject to punishment as provided in the Crimes Code, 18 Pa. C.S.A. 4904.

Dated: _____ Signed: _____
Employee

EMPLOYER CERTIFICATION

I, _____, _____, an
Name **Title with Employer**
Employee of and acting as agent for _____, do hereby certify that

_____ **Employer**
_____ has extended an offer of employment to _____ on
Employer **Employee**

_____ and, I agree that information requested from the Pennsylvania Bureau
Date
Of Workers' Compensation with regard to _____ will be used by

_____ **Employee Name**
_____ in conformance with both the Americans with Disabilities Act and the
Employer Pennsylvania Human Relations Act.

I affirm the information I have provided herein is true. I understand that if I make any false statements which I do not believe to be true and thereby mislead the public servant to whom this request is directed in performing his/her official function, I may be subject to punishment as provided in the Crime Code, 18 Pa. C.S.A. 4904.

Date: _____ Signed: _____ Title: _____

Please return this form to:
Premier Employment Screening Services
113 South College Avenue
Fort Collins, CO 80524