



Workers' Compensation Form

Virginia Workers' Compensation History Request Form

Candidate Name: _____

Social Security Number: _____

Date of Birth: _____

I authorize Verified Credentials, Inc. to contact the *Virginia Workers' Compensation Commission* to release information regarding my claim history for the purpose of completing my Consumer Report.

Candidate Signature

Date Signed

Please forward claim history to Verified Credentials, Inc.:

Verified Credentials, Inc.
Attn: Operations
20890 Kenbridge Court
Lakeville, MN 55044

Email: operations@verifiedcredentials.com
Phone: 888.222.9095
Fax: 952.985.7223