



## Workers' Compensation Form

### Hawaii Workers' Compensation History Request Form

**Candidate Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I authorize Verified Credentials, Inc. to contact the *Hawaii Department of Labor, Disability Compensation Division and Workers' Compensation Office* to release information regarding my claim history for the purpose of completing my Consumer Report.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date Signed

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Please forward claim history to Verified Credentials, Inc.:

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

Email: [operations@verifiedcredentials.com](mailto:operations@verifiedcredentials.com)  
Phone: 888.222.9095  
Fax: 952.985.7223