

**Request for Release of Montana Workers' Compensation History**

**Purpose: Pre-Employment Screening**

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

AKA/Alias Names: \_\_\_\_\_

Candidate Address: \_\_\_\_\_

\_\_\_\_\_

Candidate Phone Number: \_\_\_\_\_

Candidate SSN: \_\_\_\_\_

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

Certified By (Signature): \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC FOR: \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Stamp (if available):