

State of Alabama  
Department of Industrial Relations  
Workmen's Compensation Division  
649 Monroe Street — Room 228  
Montgomery, AL 36130

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_,  
( applicant's name) (Your full company name)

**its Agents and Assigns.** to receive *any* and all Worker's Compensation information from the State of Alabama. I understand that this prospective employer ( shown above) may not question my Worker's Compensation history unless a **conditional offer of employment has been** extended to me.

Applicants NOTARIZED signature on above line

\_\_\_\_\_  
Date signed in front of Notary

\_\_\_\_\_  
Applicant's PRINTED name and date on above line

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Notary's Stamp and today's date

\_\_\_\_\_  
Notary's PRINTED Name