

ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS  
**INFORMATION DISCLOSURE PRE-EMPLOYMENT RELEASE**

**1. To be completed by the Applicant after receiving a conditional offer of employment:**

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

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

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

I authorize the release of information regarding work-related injuries, including first reports of injury and both pending and closed workers comp claim cases on file with the State Department of Workers' Compensation, to an agent for \_\_\_\_\_.

This information may include, but should not be limited to case, claim or identification number, date of injury, source of injury, type of injury, nature of injury, location of injury, employer involved in the claim, compensation and medical dollars paid, and status.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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**2. To be completed by the Employer:**

A conditional offer of employment has been extended to the above named individual, as required by the Americans with Disabilities Act.

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # \_\_\_\_\_ Acct. # \_\_\_\_\_

Mail the completed form with \$10.00 (check payable to DIR) per SSN to the **Central Cashier**

**DIR**

**649 Monroe St., Room 2684**

**Montgomery, AL 36131**

Call the Disclosure Unit at **334-242-8981** if you have questions.

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**3. NOTARY:**

Sworn and Subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Shade notary seal with pencil before faxing)

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_