



8805 RT 415 Campbell, NY 14821  
(888) 845 5219 \* (607) 936 2300 fax

**State of Alaska – Notarized Workers Comp Contingency Job Offer Release Form**

I, \_\_\_\_\_ hereby authorize CheckYourSitter.com (Herein referred to as  
CYS) to generate workers compensation searches and reports in connection with my application for  
employment. I have received a contingent job offer of employment from  
\_\_\_\_\_.

This search is for workers compensation records from local, state federal and private agencies who  
maintain such records.

I authorize any party or agency contacted by CYS, or its agent(s) to furnish the aforementioned  
information and hereby release CYS from any and all claims that may arise from disclosure or non-  
disclosure. I have the right to make a request to CYS, to request the nature and substance of  
information in its files and recipients of any reports, which CYS has previously furnished within the  
two-year period.

I hereby authorize the release of any and all consumer reports. This authorization shall remain on file  
and shall serve as on-going authorization for you to generate consumer reports at any time during my  
employment period.

Full Name \_\_\_\_\_

Other Names Known by \_\_\_\_\_

Current Address \_\_\_\_\_

Former Addresses (list most recent first for 10 years prior)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Seal:

Prospective Employer \_\_\_\_\_