

## Authorization to Release Records - Individual

<b>A. AUTHORIZATION TO DISCLOSE CONFIDENTIAL UNEMPLOYMENT INSURANCE PROGRAM RECORDS:</b>			
FIRST MIDDLE LAST NAME OF INDIVIDUAL			
SOCIAL SECURITY NUMBER (NEED TO PROCESS REQUEST):			
<b>B. DISCLOSE RECORDS TO:</b>			
NAME	LAST	FIRST	TITLE (IF APPLICABLE)
ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)			
ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
STATE PURPOSE OF DISCLOSURE ( <b>REQUIRED</b> ):			
<b>C. RECORDS AUTHORIZED TO RELEASE:</b>			
<p>I authorize the following confidential unemployment insurance program information and records to be released to the third party entity identified in Section B. I understand State governmental files will be accessed to provide the requested information/records. The identified third party entity is only authorized to use the requested information/records for the stated purpose.</p> <p><input type="checkbox"/> A copy of my <u>Wages Reported</u> by employers in the State of Washington from _____ through _____          (start date – far back as 1987) (end date)</p> <p><input type="checkbox"/> A copy of my <u>Unemployment Payment History</u> from: _____ through _____          (start date) (end date)</p> <p><b>If just requesting a copy of individual's wages reported and/or unemployment payment history then upload and submit this signed release on-line to receive a response within <u>1 business day</u> at <a href="http://esd.wa.gov/newsroom/public-records">esd.wa.gov/newsroom/public-records</a></b></p> <p><input type="checkbox"/> If releasing other records other than the above (identify here): _____</p>			
<b>D. SIGN REQUEST FOR RECORDS</b>			
By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose confidential unemployment insurance program information and records is being requested:			
SIGNATURE ( <b>REQUIRED</b> – ELECTRONIC SIGNATURE NOT ACCEPTED):		DATE REQUESTED:	
X			
MAILED OR FAXED IN REQUESTS WILL BE RESPONDED TO WITHIN <b>5 TO 10 BUSINESS DAYS</b> . SEND REQUEST TO:			
ESD Records Disclosure Unit P.O. Box 9046 Olympia WA 98507-9046 Fax: 1-866-610-9225			

This form should not be emailed as it may contain personal sensitive information.

Any questions contact the ESD Records Disclosure Unit at 1-844-766-8930