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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| :ESD_Logo:One Line:Microsoft:ESD logo-one line-black.wmf | | | Authorization to Release Records - Individual | | | | | | |
|  | | | |  | | | | | |
| A. AUTHORIZATION TO DISCLOSE CONFIDENTIAL UNEMPLOYMENT INSURANCE PROGRAM RECORDS: | | | | | | | | |
| FIRST MIDDLE LAST NAME OF INDIVIDUAL | | | | | | | | |
| SOCIAL SECURITY NUMBER (NEEDED TO PROCESS REQUEST): | | | | | | | | |
| B. DISCLOSE RECORDS TO: | | | | | | | | |
| 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 (REQUIRED): | | | | | | | | |
| C. RECORDS AUTHORIZED TO RELEASE: | | | | | | | | |
| 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.  A copy of my Wages Reported by employers in the State of Washington from   |  |  |  | | --- | --- | --- | |  | through |  |   (start date – far back as 1987) (end date)  A copy of my Unemployment Payment History from:   |  |  |  | | --- | --- | --- | |  | through |  |   (start date) (end date)  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 1 business day at [esd.wa.gov/newsroom/public-records](https://esd.wa.gov/newsroom/public-records)  If releasing other records other than the above (identify here): | | | | | | | | |
| D. SIGN REQUEST FOR RECORDS | | | | | | | | |
| 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 (REQUIRED – ELECTRONIC SIGNATURE NOT ACCEPTED):  X | | | | | DATE REQUESTED: | | |
| MAILED OR FAXED IN REQUESTS WILL BE RESPONDED TO WITHIN 5 TO 10 BUSINESS DAYS. 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

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