

Authorization to Release Records - Employer

A. AUTHORIZATION TO DISCLOSE CONFIDENTIAL UNEMPLOYMENT INSURANCE PROGRAM RECORDS:			
NAME OF EMPLOYER			
IDENTIFYING NUMBER (ESD ACCOUNT#, UBI, FEIN – NEEDED TO PROCESS):			
B. DISCLOSE AND SEND 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 <u>(REQUIRED IF RELEASING TO A THIRD PARTY)</u> :			
C. RECORDS AUTHORIZED TO RELEASE:			
<p>I authorize the following confidential employer 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. State records being released to include time period:</p>			
D. SIGN REQUEST FOR RECORDS			
<p>By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the business owner or an authorize representative of the employer whose confidential unemployment insurance program information and records is being requested.</p>			
PRINT NAME, TITLE AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE:		DATE REQUESTED:	
X			
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 confidential information.

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