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| :ESD_Logo:One Line:Microsoft:ESD logo-one line-black.wmf | Authorization to Release Records - Individual |
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| 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

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|       | through |       |

 (start date – far back as 1987) (end date)[ ]  A copy of my Unemployment Payment History from:

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|       | 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: 1-866-610-9225This 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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