Employment Security Department
WASHINGTON STATE

Authorization to Release Records - Individual

A. AUTHORIZATION TO DISCLOSE CONFIDENTIAL UNEMPLOYMENT INSURANCE PROGRAM RECORDS:

FIRST MIDDLE LAST NAME OF INDIVIDUAL

SOCIAL SECURITY NUMBER (NEED 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

☐ **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):	**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 personal sensitive information.

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