

**AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE**

**RECORDS**

I, \_\_\_\_\_, SS# \_\_\_\_\_,  
reside at \_\_\_\_\_

\_\_\_\_\_, and hereby authorize the New York State  
Department of Labor (“Department”) to release unemployment insurance records for the  
period of \_\_\_\_\_ maintained by the Department under the above  
stated social security number.

These records may be released to \_\_\_\_\_  
whose address is \_\_\_\_\_  
\_\_\_\_\_.

This information is sought for the purpose of \_\_\_\_\_  
\_\_\_\_\_

and will be used solely for this purpose.

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public