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| :ESD_Logo:One Line:Microsoft:ESD logo-one line-black.wmf | Authorization to Release Records - Employer |
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| 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 (REQUIRED IF RELEASING TO A THIRD PARTY):      |
| C. RECORDS AUTHORIZED TO RELEASE: |
| 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:      |
| 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 business owner or an authorize representative of the employer whose confidential unemployment insurance program information and records is being requested. |
| PRINTED NAME, TITLE AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE: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 |

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

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