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| :ESD_Logo:One Line:Microsoft:ESD logo-one line-black.wmf | | PUBLIC RECORDS REQUEST FORM | | | | | |
| Do not use this form to submit a request for Unemployment Insurance or Paid Family Leave/Leave and Care Records.  If this request involves private and confidential Unemployment Insurance Program Records or Leave and Care Program records on an individual or employer, please submit the appropriate form that can be found on the external ESD page under forms: <https://www.esd.wa.gov/newsroom/public-records>. Using the correct form ensures that we have adequate information to timely process your request.  You may fill in and email, mail or fax this form to the addresses listed below. | | | | | | | |
| A. REQUEST FOR RECORDS BY: | | | | | | |
| NAME LAST FIRST MIDDLE | | | | | | TITLE (IF APPLICABLE) |
| ORGANIZATION OR BUSINESS NAME (IF APPLICABLE) | | | | | | |
| MAILING ADDRESS CITY STATE ZIP CODE | | | | | | |
| TELEPHONE NUMBER (INCLUDE AREA CODE) | | | FAX NUMBER (INCLUDE AREA CODE) | | E-MAIL ADDRESS | |
| B. DESCRIBE SPECIFIC RECORDS BEING REQUESTED: | | | | | | |
| DESCRIBE RECORDS BEING REQUESTED | | | | | | |
| DESCRIBE TIME FRAME REQUESTED | | | | | | |
| C. NOTIFICATION OF CHARGES FOR RECORDS: | | | | | | |
| Notify me of any cost for records that exceeds $       before providing the requested records. | | | | | | |
| D. DISCLAIMER AND SIGNATURE | | | | | | |
| By sending this form to the Employment Security Department (ESD) I understand my email, this form, and any responses from ESD may be subject to inspection and copying by members of the public under a public records request, unless an exemption or other protection in law exists.  Please keep this in mind when providing ESD with personal information such as Social Security information, credit and bank account numbers, other financial information, or medical information.  We strongly urge you to not submit sensitive personal information on these forms online. If you feel that sensitive information such as credit card numbers or social security numbers are required to process your request, we urge you to print out our request form and submit it to us by mail or by facsimile. | | | | | |
| SIGNATURE:  X | | | DATE REQUESTED: | | |

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| REQUEST FOR RECORDS MAY BE SENT TO: |

Employment Security Department Fax 1-866-610-9225

Attn: Records Disclosure Unit Phone 1-844-766-8930

P.O. Box 9046 Email  [recordsdisclosure@esd.wa.gov](mailto:recordsdisclosure@esd.wa.gov)

Olympia WA 98507-9046

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