

## Request and Release For Records From the Alaska Department of Labor

1. My name is: \_\_\_\_\_  
(Please print your name)

My Social Security Number is \_\_\_\_\_

My Business Name(s)(If applicable) is: \_\_\_\_\_

I authorize the Alaska Department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information, as described below, from my confidential records, maintained by the Employment Security Division, to:

\_\_\_\_\_  
(Please print your name or other person's name if you are releasing to a third party)

whose address, telephone number and fax number is:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

2. Records/information to release:

Earnings information for the following years:

\_\_\_\_\_  
\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_

3. Authorization: (Please sign your name below to release documents and information to recipient noted above.)

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Date)

**This authorization expires in 6 months.**

Please return the original signed copy of this form to:

Alaska Employment Security Division

PO BOX 25509

Juneau, AK 99802-5509

ATTN: UI Support Unit

**You may also FAX a copy to the UI Support Unit at: (907) 465-2741.**