



Department of Labor

WORKING FOR YOU

Unemployment Insurance Division

Authorization for Release of Unemployment Insurance Records to a Third Party

If you are inquiring on behalf of an employer, include your name and title.

I, _____, of: _____,
Print name and title, if applicable Print business name, if applicable

_____ authorize the New York State Department of Labor
Employer Registration or last 4 digits of Social Security No.

(Department) to release Unemployment Insurance records for the period of: _____.

The records are maintained by the Department under the above stated Social Security or Employer Registration Number. I have the authority to authorize the release of these records.

These records may be released to: _____

whose address is: _____

City: _____ State: _____ Zip: _____

This information is for the purpose of: _____

I authorize the release of the requested confidential Unemployment Insurance records for this sole stated purpose.

Signature Title, if applicable

Home address, or business address, if employer

Sworn to before me this

____ day of ____, 20 ____

Notary Public