

Authorization for Limited Release of Unemployment Insurance Records and Information to an Agent

I, _____ (claimant name), understand that unemployment insurance records made or maintained by the Department of Workforce Development (DWD) are confidential and not open to public inspection or disclosure, unless authorized under Chapter DWD 149, Wis. Admin. Code.

In signing this form, I authorize DWD to access its unemployment insurance files to provide information related to my unemployment insurance benefit claims to _____ (Agent) as my agent under Wis. Admin. Code § DWD 149.03(2)(a).

This release is **valid for seven (7) business days** from the date of my signature, unless as otherwise specified here:
_____ (alternative end date).

Information about my unemployment insurance benefit claims may be disclosed to the Agent for the following purpose(s):

Only the above-named Agent may receive the information about my unemployment insurance benefit claims.

In signing this form, I understand that my Agent is not required to keep the information the Department discloses to them under this release confidential.

Claimant Printed Name	Last 4 Digits of Social Security Number ***-**-_____
Claimant Signature	Date Signed

Agent Information

Agent Printed Name	Mailing Address		
Agent Signature	City	State	Zip Code
Date Signed	Fax Number		

Email completed, signed form to UI Communications Liaison at uicomm@dwd.wisconsin.gov.