



RELEASE OF INFORMATION AUTHORIZATION

JOB SERVICE NORTH DAKOTA
 UNEMPLOYMENT INSURANCE
 SFN-54485 (R. 02-19)

Last Name		First Name		Middle Initial
Social Security Number*			Date of Birth	
Street Address/Post Office Box		City	State	ZIP Code

I HEREBY AUTHORIZE JOB SERVICE NORTH DAKOTA TO RELEASE THE INFORMATION REQUESTED IN THIS RELEASE TO

Recipient (Name of Person/Organization)		Recipient Organization Type (Be Specific)		
Street Address/Post Office Box				
City		State	ZIP Code	

Recipient - check the appropriate boxes for information needed:

Individual is currently receiving Unemployment Compensation. Yes ___ No ___

Date of initial payment _____ Weekly benefit amount _____

Balance of benefits _____

Wage history: Start - year and quarter (yy/q) ___/__. End - year and quarter (yy/q) ___/..

Listing each purpose, identify how the above information will be used.

PARTICIPANT CONSENT

This authorization is voluntary and is applicable only to this transaction and for the requested information listed above. A photocopy of this authorization is as effective as the original. Unless otherwise agreed to in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

Signature of Participant	Date
Signature of Parent or Guardian (Required if applicant is under age 18.)	Date
Signature of Witness (if needed)	Date

Notice: to whomever disclosure is made. This information has been disclosed to you from confidential government records. You are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains, or as otherwise permitted by law.

*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax program eligibility purposes, and program performance accountability.

Submit To: Release of Information Officer Unemployment Insurance PO Box 5507 Bismarck ND 58506-5507 Fax 701-328-2728

Job Service North Dakota is an equal opportunity employer/program provider. Auxiliary aids and services are available upon request to individuals with disabilities.