



# RELEASE OF INFORMATION AUTHORIZATION MUST BE WITNESSED OR NOTARIZED

Name (please print) \_\_\_\_\_

Social Security Number (used for identification purposes only) \_\_\_\_\_

I authorize the Employment Department, State of Oregon, to release to: (individual's or organization's name) \_\_\_\_\_

the following information from my records on file with the Employment Department: (please **initial** those that apply)

- \_\_\_ my name, address, telephone number and demographic information,
- \_\_\_ information about services that I have received or will receive,
- \_\_\_ work history and other information that I provided for job placement purposes,
- \_\_\_ wage record information,
- \_\_\_ unemployment insurance information (i.e. ECLM and/or Wage & Benefit report, etc.),
- \_\_\_ TAA services information (i.e., training, job search & relocation) and/or TRA unemployment insurance information
- \_\_\_ other information (the information to be released must be specifically identified)



**I understand this authorization** will be in effect until cancelled in writing by me (for placement information) or for the duration of my unemployment insurance claim (for UI information),

**I understand that information in my records is confidential** and that I approve the release of the information listed above,

**I understand the purpose of this authorization,**

**I am signing on my own** and have not been pressured to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Redisclosure of any information received is strictly prohibited**

| EMPLOYMENT DEPARTMENT  | ONE-STOP PARTNER*  |
|--|--|
| <p><b>If witnessed by Employment Department staff</b> the portion below must be completed.</p> <p>Printed name of witness _____</p> <p>Signature of witness _____</p> <p>Field Office _____</p>                    | <p><b>If witnessed by a one-stop partner*</b> the portion below must be completed. Partners should retain this document and submit it to the Employment Department with any/each request for information.</p> <p>Partner organization _____</p> <p>_____</p> |
| <p style="text-align: center;"><b>NOTARY</b></p> <p><b>If notarized</b> the following must be completed:</p> <p>State of _____ County _____</p> <p>Signature (of notary) _____</p> <p>Commission expires _____</p> | <p>Printed name of witness _____</p> <p>Signature of witness _____</p> <p>Telephone number of witness _____</p> <p><b>*Authorized partner staff must have signed the Employment Department's Commitment to Confidentiality</b></p>                           |

WorkSource Oregon is an equal opportunity program/employer. Language assistance is available to individuals with limited English proficiency free of cost. Auxiliary aids or services are available upon request to individuals with disabilities. Contact your nearest WorkSource Oregon Center for assistance.

WorkSource Oregon es un programa/empleador que respeta la igualdad de oportunidades. Hay asistencia de idiomas para personas con conocimiento limitado del inglés sin costo y servicios auxiliares disponibles a pedido para minusválidos. Comuníquese con el Centro WorkSource Oregon más cercano a su domicilio para solicitar asistencia.