

RELEASE OF INFORMATION AUTHORIZATION

Use this form to authorize the Oregon Employment Department (OED) to release your confidential information to a third party



- Submit this form with a separate request for information.
- Signature required. Must be notarized or witnessed. **See full instructions on page 2.**

First name: _____ Last name: _____

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN-Paid Leave only)

(For identification purposes only): _____

I authorize the Oregon Employment Department to release the following information from my records to the following individual, agency, or entity: _____

Please initial any that apply:

_____ Name, address, telephone number

_____ Employment and training 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. Frances Notices, Action Items, Claim Status, Benefit Payment History, Claim Decisions, Hearing/Appeal records, and other notices*) for current claim or as indicated below.

☐ For all claims ☐ For claims between _____ and _____

_____ Paid Leave Oregon Information (Check any that apply: ☐ Benefit Application ☐ Claim Decisions ☐ Benefit Payments ☐ Appeals ☐ Other - please describe: _____)

☐ For claims between the following dates: _____ and _____

_____ Trade Act claim information and services (*i.e., training, job search & relocation*)

_____ Other (Be specific): _____

Do not release any of the following information from my records:

The purpose for the release:

- I am signing on my own and have not been pressured to do so.
- I understand this authorization is valid for one year from the date I sign unless I notify OED that I revoke this release.
- I understand that state government files will be accessed to obtain the information.
- I understand that information obtained will only be used for the above purpose or purposes.
- Releasing this information to this party will provide a service or benefit to me.

IMPORTANT: Redisclosure of any information received is strictly prohibited

Name:

SSN or ITIN:

Signature:

Date:

To protect your confidential information, **this form must either be notarized or witnessed by staff/partner at a WorkSource Oregon Center** (with an exception for attorneys whose request/release complies with OAR 471-010-0105(4)). Witness/Notary must complete all portions of their section below.

WORKSOURCE OREGON: OREGON EMPLOYMENT DEPARTMENT STAFF

Printed name of witness: _____

Signature of witness: _____ Field Office: _____

WORKSOURCE OREGON: PARTNER STAFF*

*Partner staff must have signed the OED Commitment to Confidentiality. Partners should retain this document and submit it to OED with any/each request for information.

Partner organization: _____

Printed name of witness: _____

Witness signature: _____ Witness telephone: _____

NOTARY

State: _____

County: _____

Notary Signature: _____

Commission expires: _____

Notary license number and expiration date
(if applicable for the state that issued the license)
must be legible in stamp.

Notary stamp

The Oregon Employment Department is an equal opportunity employer/program. Free auxiliary aids and services are available to individuals with disabilities, and free language assistance is available to persons with limited English proficiency.

El Departamento de Empleo de Oregon es un programa/empleador que respeta la igualdad de oportunidades. Ayudas auxiliares y servicios están disponibles gratuitamente para personas discapacitadas, y asistencia de idiomas está disponible gratuitamente para personas con inglés limitado.