



= Information must be filled in by customer



= Information must be filled in by Notary/ Witness

# 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:

**First and Last Name MUST be given here and on page 2.**

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

(For iden **SSN MUST be given here and on page 2. For Paid Leave requests, an ITIN can also be given.**

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

**You MUST tell us who your records can be given to (e.g. lawyer, social worker, or other person/organization.)**

Please initial any that apply:

You MUST initial the items you authorize us to release.

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, **ONLY records from your current UI claim will be released unless you complete this section.** 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 ☐

**For Paid Leave records, you MUST check the box for the type of records you want.**

☐ For claims between the following

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

Other (Be specific):

**If you need records not listed on this form, describe them here with as much detail as you can.**

Do not release any of the following information

**Describe any records you don't want us to release.**

The purpose for the release:

**Tell us why you want the records released.**

- 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.

**\*SAMPLE FORM\***



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

Name: **You MUST put your First and Last Name here.**

SSN or ITIN: **You MUST give your SSN (or ITIN for Paid Leave requests only).**

Signature: **You MUST sign here in presence of Notary/Witness.**

Date: **You MUST put the date here in the presence of Notary/Witness.**

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: **If witnessed by WSO staff, staff MUST fully complete this section.**

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: **If witnessed by Partner staff, staff MUST fully complete this section.**

Witness signature: \_\_\_\_\_ Witness telephone: \_\_\_\_\_

**NOTARY**

State: \_\_\_\_\_

County: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

**If notarized, notary MUST fully complete this section.**

Commission expires: \_\_\_\_\_

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

**If notarized, notary MUST place stamp in this area.**

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.