



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
CLAIMANT RECORDS RELEASE AUTHORIZATION

To whom it may concern:

I, _____, SS# _____, understand that the unemployment benefit records of the Division of Employment Security are confidential pursuant to section 288.250 RSMo and 20 CFR part 603, and may only be used by the party authorized below for the limited purpose for which the information was requested. I authorize the Division of Employment Security, an agency of the Missouri Department of Labor and Industrial Relations, to release the following listed information

for the following time period _____. I authorize the release of this information to be used solely for the purpose of _____.

These documents shall be released to _____ as my authorized representative. I understand that state government files will be accessed to provide this information.

A copy of this document, whether typewritten or made by machine, shall have the force and effect as the original.

Claimant's Signature

STATE OF MISSOURI

)

) ss.

County of _____

)

On this _____ day of _____, _____, before me, a notary public, appeared _____ who executed the foregoing records release authorization and acknowledged the same as his/her free act and deed.

Notary Public

My Commission Expires: _____

(Both pages of this document must be signed and notarized.)

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711

Acknowledgment of Confidentiality by Proposed Recipient of Confidential Information

Recipient understands that the information requested from the Division of Employment Security in the records release authorization remains confidential and may only be used by Recipient for the limited purpose for which it is provided. Any further dissemination, use, or release of the information obtained from the Division is strictly prohibited under the provision of Section 288.250, RSMo and 20 CFR part 603, and substantial penalties will result if the confidentiality of the information is not maintained by Recipient. By signing this document, Recipient acknowledges and agrees that the information received will be safeguarded and will only be used by Recipient for the limited purpose stated on this form. Recipient agrees that the state of Missouri has the right to inspect and audit Recipient to assure that the information being provided remains confidential, and that the confidentiality provisions of Chapter 288, RSMo and 20 CFR part 603 are followed.

Recipient agrees that it will promptly and confidentially destroy all information received from the Division as soon as such information is no longer needed for the specific purpose upon which it was obtained. Recipient further agrees that the state of Missouri may, at any time, demand the return of all confidential information and written assurance by the party who received the information that all of the furnished information has been returned to the Division of Employment Security, and that all copies have been destroyed by the party receiving the information.

A copy of this document whether typewritten or made by machine shall have the force and effect as the original.

List all persons who will have access to the confidential data obtained under this form (*attach additional sheet if necessary*). _____

Signature

Typed Name

Title or relationship to party authorized to receive documents

STATE OF MISSOURI _____)
County of _____) ss.

)

On this _____ day of _____, _____, before me, a notary public, appeared _____ who executed the foregoing acknowledgment of confidentiality and acknowledged the same as his/her free act and deed.

Notary Public

My Commission Expires: _____
Return completed form to: Confidential Information Coordinator
Missouri Department of Labor and Industrial Relations
Division of Employment Security
P.O. Box 3100
Jefferson City, MO 65102-3100