



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

