MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

EMPLOYER RECORDS RELEASE AUTHORIZATION

To Whom It May Concern:

_____, the employer, understands that Division of Employment Security records are confidential pursuant to Section 288.250 RSMo and 20 CFR part 603, and may only be used by the party authorized for the limited purpose for which the information was requested. The employer hereby authorizes the Division of Employment Security, an agency of the Missouri Department of Labor and Industrial Relations, to release information concerning unemployment insurance tax account _____ that the employer has submitted to or received from the Division. The information to be released is listed as follows: _____

_____

for the time period of _____.

These documents shall be released to _____ or any representative designated by them and be used solely for the purpose of _____. This authorization includes the rights of the persons hereby authorized to inspect and copy or photocopy such records, information, and evidence. 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.

_____
Signature of Employer or Agent

_____
Title

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.)

Acknowledgment of Confidentiality by Proposed Recipient of Confidential Information

I understand that the Unemployment Insurance information requested from the Division of Employment Security in the records release authorization remains confidential and may only be used by the party gaining access to the information for the limited purpose for which it is provided. Any further dissemination, use, or release of the Unemployment Insurance information obtained from the Division of Employment Security is strictly prohibited under the provisions 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 the party requesting the information. By signing this document, the party receiving said information acknowledges and agrees that the information received will be safeguarded and will only be used by the party gaining access to the information for the limited purpose for which the information is being provided. The party receiving this information agrees that the state of Missouri has the right to inspect and audit its records to assure that the information being provided remains confidential, and that the confidentiality provisions of the Missouri Employment Security Law, Chapter 288, RSMo, and 20 CFR part 603 are followed.

Recipient agrees that he/she 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 confidential information obtained under this form *(attach additional sheets, if necessary):* _____

_____

_____
Signature

_____
Typed Name

_____
Title or relationship to party authorized to receive documents

STATE OF MISSOURI)
) ss.
County of _____)

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 59
Jefferson City, MO 65104-0059