

CLAIMANT'S WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Complete this form if you intend to waive your confidentiality rights under § 8-72-107(1), C.R.S. and want the Unemployment Insurance (UI) Division to release information about you to a third party or group. You must state what information you want released. You **must** sign and date this form. This form must be notarized. We will not honor your request to release information unless all necessary fields are completed. We will not honor blanket requests for "all records" or "complete files."

The UI Division may release information or records to:

Name	Title	Address

Please state the specific purpose you want the information released. _____

The information to be provided is for the period from _____ to _____.

Check the box(es) that describes the type(s) of information you want us to release.

- Claimant Benefit-Payment History
 - Copies of any/all documents I provided to the UI Division
 - Copies of decisions mailed to me by the UI Division
 - Other (Please describe in detail below)
- _____

By **signing** this form, you **agree** and **understand** that the information released will only be used for the above stated purpose and that the release of this information provides a service or benefit to you.

Sign this form in the presence of a Notary Public.

Your Name Your Social Security Number

Notary

Signature Date

Subscribed and sworn to before me in the County of _____, State of _____,
this _____ day of _____, 20_____.

My Commission Expires Notary Public

Office Use Only	
Records Mailed	
Mailed By	Date Mailed