



RELEASE OF INFORMATION AUTHORIZATION

JSND / UNEMPLOYMENT INSURANCE
SFN-54485 (R. 4-08)

Last Name		First Name		Middle Initial
Social Security Number*			Date of Birth	
Street Address/Post Office Box		City	State	ZIP Code
I HEREBY AUTHORIZE JOB SERVICE NORTH DAKOTA TO RELEASE THE INFORMATION REQUESTED IN THIS RELEASE TO				
Recipient (Name of Person/Organization)		Recipient Organization Type (Be Specific)		
Street Address/Post Office Box				
City		State	ZIP Code	
Recipient - check the appropriate boxes for information needed:				
<input type="checkbox"/> Individual is currently receiving Unemployment Compensation. Yes _____ No _____				
<input type="checkbox"/> Date of initial payment _____ <input type="checkbox"/> Weekly benefit amount _____				
<input type="checkbox"/> Balance of Benefits _____				
<input type="checkbox"/> Wage history: Period start quarter ending (yy/q) ____/__. Period end quarter ending (yy/q) ____/__.				
Listing each purpose, identify how the above information will be used.				
PARTICIPANT CONSENT				
This authorization is voluntary and is applicable only to this transaction and for the requested information listed above. A photocopy of this authorization is as effective as the original. Unless otherwise agreed to in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.				
Signature of Participant			Date	
Signature of Parent or Guardian (Required if applicant is under age 18.)			Date	
Signature of Witness (if needed)			Date	
Notice: to whomever disclosure is made. This information has been disclosed to you from confidential government records. You are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains, or as otherwise permitted by law.				

The information provided by Job Service North Dakota is considered to be correct to the best of the Agency's knowledge at the time it was released.

*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax program eligibility purposes, and program performance accountability.

Submit To: Release of Information Officer Unemployment Insurance PO Box 5507 Bismarck ND 58506-5507 Fax 701-328-2728

Job Service North Dakota is an equal opportunity employer/program provider. Auxiliary aids and services are available upon request to individuals with disabilities.