

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

Muriel Bowser
MAYOR



Odie Donald II
ACTING DIRECTOR

Benefit Accuracy Measurement Office of Compliance and Independent monitoring Authorization to Release Information		
Benefit Accuracy Measurement Fax: (202)673-6444	TTY for the Deaf or Hearing Impaired (202) 673-6994	Claimant Name: _____
		Claim Effective Date: _____ UI Representative: _____ Email: _____ Date Mailed: _____

I hereby give my consent and authorization to have my employment and payroll records examined and reviewed by a representative or agent of the District of Columbia, Department of Employment Services. I also give my consent and authorization for my union membership and/or private employment agency records to be verified. My consent and authorization extends to any other records necessary that can be used to determine and/or affect the status of my claim for Unemployment Insurance Benefits. Any entity which furnishes requested information is hereby released from any liability arising from the disclosure of such information.

Please provide the information listed below:

Your name (please print)

Signature

Social Security Number

Today's Date

IMPORTANT NOTICE: After you have completed this form and provided your signature, please return it along with your questionnaire in the self-addressed envelope provided.

- Method of Verification
- Phone In Person
 - Mail Fax