

## AUTHORIZATION FOR RELEASE OF RECORDS

**Instructions:** Form must be completely filled out and mailed or faxed to the address below:

**Employment Development Department  
Investigation Division, Attn: Dora Sandoval  
7677 Oakport St., #805  
Oakland, CA 94621**

**Fax (510) 577-5151**

I, \_\_\_\_\_, authorize the Employment  
Type or Print Name

Development Department to release a copy of my records pertaining to:

\_\_\_\_\_  
Specify Type of Record – Example: Unemployment Insurance Records, Disability Insurance Records, Wage Records

for the period \_\_\_\_\_ through \_\_\_\_\_ to the  
Month/Day/Year Month/Day/Year

following individual or entity (or its representative):

\_\_\_\_\_  
Name of Individual/Entity (or its Representative)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

This Authorization shall remain in effect for 90 days from date of signature or as otherwise specified. A copy of this Authorization shall be as valid as the original.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number\*

\* Providing your social security number on this form is voluntary and if you provide your social security number, it will be used solely for the purpose of locating the requested records. If you choose not to provide your social security number, the Employment Development Department may be unable to locate any or all requested records due to the Employment Development Department's use of social security numbers for record identification and filing purposes. Privacy Act of 1974 Section 7(b) (Public Law 93-579).