

### Authorization for Release of Records

Instructions: This form must be completely filled out and mailed to the address selected. See the Instructions Sheet for additional information.

**1. Where to send Authorization:**

**Employment Development Department (EDD)**

**Sacramento, CA 94280-0001**

2. Individual / Claimant / Business Entity Information			
First Name:	Middle Initial:	Last Name:	
Business Name (if applicable):			
Address:	City/State:	Zip Code:	Telephone number:
3. EDD Unique Identification Number: Provide one or more below			
EDDCAN number:	EDD Client number (ECN):		
EDD Claim Number:	EDD Employer Account Number (EDD EAN):		
FEIN/SEIN:	SSN*:		
4. Specific Confidential Information and Period of Records to Be Released			
<input type="checkbox"/> Unemployment Insurance Records (UI) From: _____ To: _____ MM/DD/YYYY MM/DD/YYYY	<input type="checkbox"/> Employer Records: check all that applies <input type="checkbox"/> DE 1 <input type="checkbox"/> DE 9/DE 9C <input type="checkbox"/> DE 88 From: _____ To: _____ MM/DD/YYYY MM/DD/YYYY		
<input type="checkbox"/> Disability Insurance Records (DI) From: _____ To: _____ MM/DD/YYYY MM/DD/YYYY	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Wage History Report (PIT) by Quarters From: _____ To: _____ QQ/YYYY QQ/YYYY			
5. To Be Released to the Following Requestor: Check only one below			
<input type="checkbox"/> Third Party <input type="checkbox"/> Legal Representative <input type="checkbox"/> Self			
6. Requestor / Representative Information (if different from item #2)			
First Name:	Middle Initial:	Last Name:	
Business Name:			
Address:	City/State:	Zip Code:	Telephone number:
Legal Authority to Request Confidential Information**:			
<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Next of Kin <input type="checkbox"/> Administrator of Estate <input type="checkbox"/> Executor of Will <input type="checkbox"/> Legal Guardian			
<input type="checkbox"/> Other: (list specific CUIC or other law) _____			

7. I, \_\_\_\_\_ authorize the above referenced Requestor/Representative to use  
Individual/Claimant/Business Entity Name  
the information provided by the Employment Development Department only for the following purpose(s) and expected benefit to data subject: \_\_\_\_\_

8. This authorization for release of confidential information shall remain in effect for 30 days from the date signed below or until \_\_\_\_\_ (no later than one year from the date signature). A copy of this authorization shall be as valid as the original. MM/DD/YYYY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Individual/Claimant/Business Entity Signature MM/DD/YYYY

\*Providing a social security number on this form is voluntary and if you provide a social security number, it will be used solely for the purpose of locating the requested records. If you choose not to provide a 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).

\*\*If requestor is not the individual whose data is being requested, provide supporting legal documentation showing that the requestor has legal authority.

## Instructions Sheet for Completing Authorization for Release of Records

1. **Where to send Authorization:** If you are requesting Disability Insurance (DI) Records or Unemployment Insurance (UI) records for yourself, or if you are an attorney requesting your client's records, select the Legal Office. If you are requesting Wage History for yourself, select Tax Information Security Office. If you are a Third Party, requesting someone else's records, select Information Security Office.

If you select either the Legal Office or Information Security Office, you may mail or email this form. If you select the Tax Information Security Office, you must mail this form.

2. **Individual / Claimant / Business Entity Information:** If you are requesting your own records, provide your information. If you are requesting someone else's records, provide their information.
3. **EDD Unique Identification Number:** Provide one or more of the following to assist the EDD in locating and providing the correct records you are seeking: EDD Customer Account Number (EDDCAN); EDD Client Number (ECN) is a 9-digit number assigned by EDD beginning with 999 or 990; EDD Claim Number; EDD Employer Account Number (EDD EAN); Federal Employer Identification Number (FEIN)/State Employer Identification Number (SEIN); or Social Security Number (SSN)\*.
4. **Specific Confidential Information and Period of Records to Be Released:** Check the specific type of records to be released and provide the beginning and end dates of records you are requesting. If you are requesting various time periods, check other and list the time periods.

When requesting Wage History Reports (PIT), please refer to the quarter chart below:

Quarter 1: January 1 – March 31
Quarter 2: April 1 – June 30
Quarter 3: July 1 – September 30
Quarter 4: October 1 – December 31

5. **To Be Released to the Following Requestor:** Check only one.
6. **Requestor/Representative Information (if different from item #2).** If you are requesting your own records, you do not need to complete this portion. If you are not the individual who the data pertains to, you must checkmark your legal authority and provide supporting documentation showing you have legal authority.
7. Provide individual's name and purposes for use of information provided by the EDD and expected benefit to individual signing the release that such individual expects to receive as a result of signing the release. If you are requesting your own records, you do not need to provide your expected benefit.
8. The authorization will remain in effect for 30 days from the date it was signed unless stated otherwise. Sign and date the authorization and submit it to the EDD for release of records.