

**Idaho Department of Labor  
General Release of Information Form  
WOTC**

**Purpose**

This release form may be used to secure supporting documentation from federal or state agencies to help prove your eligibility for the WOTC program and/or state tax credit programs. This release will only be used for purposes of securing documentation.

**Employer Information**

<b>Company Name:</b> _____
<b>Location:</b> _____
<b>Address:</b> _____

**Employee Information**

<b>Name:</b> _____
<b>SSN:</b> _____
<b>Date of Birth:</b> _____
<b>Job Start Date:</b> _____
<b>Current Address:</b> _____

By signing this voluntary form, I hereby authorize the release to Idaho Department of Labor, Work Opportunity Tax Credit, or its agents information held by any parties needed to determine my eligibility for federal and/or state tax credit programs. This includes, but is not limited to, information regarding:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Criminal history</li><li>• Driver records</li><li>• Military service</li><li>• SSI benefits</li></ul> | <ul style="list-style-type: none"><li>• Unemployment benefits</li><li>• Vocational Rehabilitation Services</li><li>• AFDC/TANF Benefits</li><li>• Food Stamp Benefits</li></ul> |
|---|---|

I further authorize Idaho Department of Labor, Work Opportunity Tax Credit, or its agents to complete on my behalf any forms required to obtain this information, including SSA Form 3288.

Signature: \_\_\_\_\_

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