

Send Request to: Idaho Department of Labor Attn: Records Custodian 317 W. Main St. Boise, ID 83735 Fax #: 208-780-5126 Phone #: 208-332-3570 records.request@labor.idaho.gov

## INFORMED CONSENT RELEASE

As required by Idaho Code §§ 72-1333 and 72-1342, IDAPA 09.01.08.013.01 and 20 CFR part 603, all of the information requested below must be provided in detail or this release will **<u>NOT</u>** be considered effective. Attach additional pages if necessary.

	, Social Security or Claimant ID Number
(include all other names you have used for the period of time the	
2. I CONSENT TO THE RELEASE OF THE FOLLOWING SPECIFICALLY ID requested:	ENTIFIED RECORDS. Check one or more boxes to indicate the records being
□ I am requesting a copy of <b>Wage History</b> from th th (start date)	rough (end date)
I am requesting a copy of Unemployment History from	through date)                         (end date)
□ I am requesting a copy of <b>Quarterly Unemployment Insurance</b>	Tax Returns from through (start date) (end date)
I am requesting records other than above (identify here).	
<b>3.</b> I CONSENT TO THE RELEASE OF THE DOCUMENTS SPECIFIED following information for the entity or individual who will receive	ABOVE TO ME OR THE FOLLOWING THIRD PARTY OR PARTIES: (Give the the records identified above.)
Mail or Fax Records to:	
Agency: First Name:	Last Name:
Address:Ci	ty, State, Zip Code:
Fax #: Telepho	one:
4. I CONSENT TO THE RELEASE OF THE DOCUMENTS SPECIFIED ABOV	VE SOLELY FOR THE FOLLOWING PURPOSE(S):
5. THE RELEASE OF THE DOCUMENTS SPECIFIED ABOVE WILL ASSIST	МЕ ТО:
	LES WILL BE ACCESSED TO OBTAIN THE CONFIDENTIAL RECORDS DESCRIBED
IN THIS RELEASE. THIS CONSENT FORM EXPIRES TWELVE MONTH	IS FROM THE DATE OF SIGNING.
Signature	Date
STATE OF IDAHO ) ) ss.	
County of)	
On this day of, 20, before me person person who executed this foregoing Informed Consent Release and ac	nally appeared, known or identified to me to be the
	ixed my official seal the day and year in this certificate first above written.
in withess whenever, there hereunto set my fidily diff	incu my ometal sear the day and year in this tertificate hist above Written.

Notary Public My Commission expires\_\_\_\_\_