INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

RELEASE OF INFORMATION

Rev. 3/1/24

***APPLICANT'S NAME:** _____

Additional names used during employment: _____

***SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER:** _____-_____-_____

****Applicant contact information***

Email Address: _____ **Phone Number:** _____-_____-_____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

_____ _____

***SIGNATURE OF APPLICANT** ***TODAY'S DATE:**

NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

☐ **Check this box if a Power of Attorney is attached.**

NOTE: This section must be completed by the organization requesting employment history.

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

***SIGNATURE OF REQUESTOR:** Carla James _____

***Printed Name of the Requestor:** Carla James _____

*** Requesting Organization:** IndyEAP / John Boner Neighborhood Centers _____

***Email Address:** indyeap@jbncenters.org _____

***Phone Number:** 317 -808 -2378 **Fax Number:** 463 -270 -4714

****REQUIRED FIELDS***

*****Applicant's phone number, email address, or mailing address is required.***

Email employverification@dwd.in.gov to reach a DWD employment history or LKE website specialist.