



WAIVER AND AUTHORIZATION

Iowa Workforce Development is hereby authorized to provide to:

Name: _____

Address: _____

Any personal and/or business information concerning unemployment insurance claims, accounts, or any other pertinent information regarding my interactions, past or present, with Iowa Workforce Development.

Dated this _____ day of _____, 2019.

Signature

Full Name of Claimant or Employer

Full Social Security Number or EIN Number

Claimant's Date of Birth

Telephone Number

Additional Verification for Claimant requesting their own records. You must provide **one** of the following items listed below:

Question	Answer
Last Date Worked	
Current Employer Name	
Amount of Last Benefit Payment	
Number of Dependents	
State Date of Last Employer	

1000 E Grand Avenue • Des Moines, IA 50319 • iowaworkforcedevelopment.gov
Equal Opportunity Employer/Program
Auxiliary aids and services available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.

A proud partner of the American  network