

**WAIVER AND AUTHORIZATION  
FOR RELEASE OF PERSONALLY  
IDENTIFIABLE INFORMATION  
by Iowa Workforce Development**

The Iowa Department of Workforce Development is hereby authorized to provide to:

\_\_\_\_\_  
Name of Person Authorized to Receive Personally Identifiable Information

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

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Full Name of Claimant

\_\_\_\_\_  
Claimant SSN

So sworn and subscribed before me, \_\_\_\_\_, a Notary Public in

\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_.

(stamp)

\_\_\_\_\_  
Notary Public