

EMPLOYER AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL DATA

I understand that Unemployment Compensation (UC) records that are maintained at the Connecticut Department of Labor are protected under state and federal statute, and may not be disclosed to anyone outside of the Connecticut Department of Labor, except in accordance with such laws or with written consent.

I understand that the Connecticut Department of Labor will conduct a review to ensure this entity is clear of outstanding OSHA violations, wage violations, and UC Tax non-payment issues as part of the process to participate in the following programs (checked off):

- Incumbent Worker Training
- National Dislocated Worker Grant, No. _____
- Layoff Aversion/RR Program
- Workforce Innovation and Opportunity Act (WIOA) Eligible Training Providers List (ETPL)
- Other (i.e., OJT, Skills Training) _____

I, _____ (name), _____ (position at entity), state that I am authorized to sign this release on behalf of _____ (legal name of entity), located at _____ (entity address) with the Federal

Employer Identification Number (FEIN) of _____ and the CT UI Tax

← enter 9 digits: xx - xxxxxxxx

← enter 10 digits: xx - xxxxx - x - xx → Registration number of _____ to authorize the Connecticut Department of

Employer Account Number (EAN)*

Labor to disclose information as to the status of the entity as verified by the Department's Unemployment Compensation (UC) Tax Unit to _____ (name of Workforce Development Board), for the purposes of such programs.

I understand that I can revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. This authorization will expire on _____, or twelve (12) months after the date of this authorization.

I am signing this form voluntarily, of my own free will.

Date

Signature

*To complete the 10 spaces for the EAN, add 3 zeros to the end of the entity's 7-digit CT UI Tax Registration Number.