



**THIRD PARTY REQUEST FOR
CONFIDENTIAL UNEMPLOYMENT INSURANCE RECORDS**

Unemployment record requests include a \$10.00 per request transaction fee per individual whose records you need to cover administrative costs to maintain this service.

Law Firms: Please email your request to dol.legaldivision@ct.gov or fax to 860-263-6768. Do not include the \$10 fee, as this request will be treated as a request under the Connecticut FOIA. You will be invoiced when the records are released.

For other third-party requests, please see the following:

Mail in option only - check to accompany requests-

One check covering the amount needed for the number of transactions you are requesting. For example, if you send us 20 requests today, please attach a check in the amount of \$200.00 payable to the *Connecticut Labor Department*. Since this option requires a check, it is only available by mail.

Due to federal and state statutes on confidentiality and identity protection, the *Connecticut Department of Labor* will require that the enclosed Authorization Release form be signed and returned for each individual request. You can still submit the information forms you currently use, but the enclosed release must be included for your request to be processed in addition to the check.

If the release form(s) and/or the check are not submitted, your request for records will not be completed.

Mail to: Department of Labor
Attn: UI Consumer Contact Center
200 Folly Brook Blvd
Wethersfield, CT 06109

**AUTHORIZATION FOR THE RELEASE
OF CONFIDENTIAL UNEMPLOYMENT INSURANCE DATA**

I understand that my Unemployment Insurance (UI) benefits and wage records that are maintained at the Connecticut Department of Labor are protected under state and federal statute (CGS § 31-254, 20 CFR 603), and may only be released for limited purposes provided in law, or with my written consent.

I, _____, social security # _____, residing at _____, authorize the **Connecticut Department of Labor** to release to _____, located at _____, the following records to be used for the purpose of _____:

- ☐ Unemployment Insurance Benefit History records for the specific period of time from _____ to _____
- ☐ Quarterly Unemployment Insurance Wage records pertaining to me for the following time frame: _____, with the understanding that any employer registration numbers found on such records cannot be covered by this release and will be redacted prior to disclosure.

I understand that the above confidential information will only be used by such entity for the specific reasons outlined above and that all records will be destroyed upon the expiration of this release. This information may not be redisclosed beyond the party identified in this release without my specific permission. A request for records outside of the scope of this release will also require an additional release. I further 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 three months after I sign this release.

I am signing this form voluntarily, of my own free will. I also release and hold harmless CTDOL from any and all manner of actions, causes of actions, demands or claims that I may have against it pertaining to the obtaining or releasing of such information.

Date

Signature