

## REQUEST YOUR OWN RECORDS - INDIVIDUAL

Request for Confidential Unemployment Insurance Program Information and Records

WANT A FASTER RESPONSE THAN 5 TO 10 BUSINESS DAYS – Go on-line to immediately get your reported wage information as far back as 2005 and unemployment claim information at least as far back as 2016 OR upload and submit this signed request form on-line to receive a response within 1 business day. Go to esd.wa.gov/newsroom/public-records for more information.

1. PROVIDE THE FOLLOWING INFORMATION:			
1. PROVIDE THE FOLLOWING INFORMATION.			
Name (please include any alias or maiden name):			
Social Security Number (Needed to Process Request):			
Social Security Number (Needed to Frocess Request).			
A CHECK ONE OF MODE POVED TO INDICATE	THE DECORD	DEINO DECLI	-0750
2. CHECK ONE OR MORE BOXES TO INDICATE THE RECORDS BEING REQUESTED:			
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☐ I am requesting a copy of my <u>Wages Reported</u> by employers in the State of Washington from			
thro	uah		
(start date – far back as 1987)		(end date)	
☐ I am requesting a copy of my <u>Unemployment Pay</u>	ment History fron	` ,	
thro	ugh		
(start date)		(end date)	
☐ If you are seeking records other than the above (	identify here):		
3. AUTHORIZATION AND SIGNATURE:			
a) Send records/information to:			
FIRST NAME LAST NAME		TITLE (if applicable)	
ORGANIZATION NAME (IF APPLICABLE)			
ADDRESS	CITY	STATE	ZIP CODE
FAX NUMBER	TELEPHONE NUMBER	₹	
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MAILED OR FAXED IN REQUESTS WILL BE RESPONDED TO WITHIN 5	TO 40 PURINESS DAYS	S SEND BEOLIEST TO:	
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ESD Records Disclosure Unit P.O. Box 9046 Olyn	npia vvA 98507-90	)46	-610-9225
b) By signing below I declare under the penalty of perju			
individual whose confidential unemployment insurance program information and records is being requested			
and I authorize the records be sent to the individual/	organization identif	ied in Section 3a.	
Signature (Required – Electronic Signature Not Acce	<u>:pted</u> )	Date	

Any questions contact the ESD Records Disclosure Unit at 1-844-766-8930