



**RELEASE OF INFORMATION AUTHORIZATION-  
BUSINESS/GOVERNMENT ENTITY**  
JSND/UNEMPLOYMENT INSURANCE  
SFN-54485 (R. 6-11)

COMPLETE ALL REQUIRED FIELDS - PLEASE PRINT CLEARLY, ILLEGIBLE FORMS WILL BE RETURNED

Last Name		First Name		Middle Initial
Social Security Number*			Date of Birth	
Street Address/Post Office Box		City	State	ZIP Code

**I HEREBY AUTHORIZE JOB SERVICE NORTH DAKOTA TO RELEASE THE INFORMATION REQUESTED IN THIS RELEASE TO THE FOLLOWING**

Recipient (Name of Person/Organization)		Type (Be Specific)		
Street Address/Post Office Box				
City		State	ZIP Code	

**Recipient - check the appropriate boxes for information needed:**

- Individual is currently receiving Unemployment Compensation. Yes \_\_\_ No \_\_\_
- Date of initial payment \_\_\_\_\_  Weekly benefit amount \_\_\_\_\_
- Balance of benefits \_\_\_\_\_
- Wage history: Start - year and quarter (yy/qtr) \_\_\_/\_\_. End - year and quarter (yy/qtr) \_\_\_/\_\_.

Listing each purpose, identify how the above information will be used.

**PARTICIPANT CONSENT**

This authorization is voluntary and is applicable only to this transaction and for the requested information listed above. A photocopy of this authorization is as effective as the original. Unless otherwise agreed to in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

Signature of Participant	Date
Signature of Parent or Guardian (Required if applicant is under age 18.)	Date
Signature of Witness (if needed)	Date

**Notice:** to whomever disclosure is made. This information has been disclosed to you from confidential government records. You are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains, or as otherwise permitted by law.

\*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax program eligibility purposes, and program performance accountability.

**Job Service North Dakota is an equal opportunity employer/program provider.  
Auxiliary aids and services are available upon request to individuals with disabilities.**

Release of Information Authorization for Business/Government entities is located online at the following Job Service ND link - <http://www.jobsnd.com/jsnd/jobsnd/employers/resources.html>

**Submit To: Release of Information Officer Unemployment Insurance PO Box 5507 Bismarck ND 58506-5507 Fax 701-328-2728**