

AUTHORIZATION TO DISCLOSE INFORMATION, DESIGNATION OF ADDRESS OF RECORD AND REVOCATION

701-328-2814 TTY Relay ND 800-366-6888 Fax 701-328-1882

Job Service North Dakota UI/Tax & Field Services

Bismarck ND 58506-5507

PO Box 5507

UNEMPLOYMENT INSURANCE SFN 59128 (R. 8-19)

Employer Information			
Name of Employer	Telephone Number		FEIN
Name of Spouse, Fiduciary, or Personal Representative (if applicable)	Telephone Number		FEIN (if different than that of employer)
Address	City	State	Zip Code
Designated Individual or Firm		•	
Name of Individual or Firm	Telephone Number		
Address	City	State	Zip Code
Fax Number	Email – Address	Email – Address	
☐ A. Authorization to Disclose Information	•		
Job Service North Dakota is authorized to disclose matters selected below to the designated individua UI Tax UI Claims All		g to unem _l	ployment insurance (UI)
This authorization takes effect upon receipt by Job by the employer. The authorization does not cover Notice of Determination, Notice of Claim, etc.), or B. Revocation	r the routine mailing of tax forms	, refund cl	
Job Service North Dakota is notified that the above confidential information relating to selected unempindividual or firm. No new authorization is being makes effect immediately upon receipt by Job Server C. Designation of Address of Record	ployment insurance (UI) matters ade. (If this box is checked, Do	to the pre	viously authorized
Job Service North Dakota is notified that the abov (place to which correspondence is sent) with respondence UI Tax Correspondence All Correspondence			
This designation takes effect upon receipt by Job the employer. D. Revocation	Service North Dakota and remai	ns in effec	ct until revoked in writing by
Job Service North Dakota is notified that the empl above-named individual or firm, relating to unemp is being made. (If this box is checked, Do Not Che Job Service North Dakota.	loyment insurance matters origir	nally indica	ated. No new designation
Signature of Employer			
If signed by a corporate officer, partner, governor, to sign this form on behalf of the employer.	manager, or fiduciary on behalf	of taxpaye	er, I certify I have authority
		<u></u>	or Office Use Only
Signature of Employer	Date		
Printed Name	Title		