



**AUTHORIZATION TO RELEASE  
CONFIDENTIAL UNEMPLOYMENT INSURANCE  
RECORDS**

I \_\_\_\_\_,

**Social Security Number:** \_\_\_\_\_,  
authorize the Texas Workforce Commission to release the following records (please check applicable items):

- \_\_\_\_ Unemployment Insurance claims records
  - \_\_\_\_ Wage Record
  - \_\_\_\_ Other (please list) \_\_\_\_\_
- \_\_\_\_\_

to the following person/entity:

\_\_\_\_\_

I understand that these are the records of a state agency, and I expressly authorize that agency to release these records to the above person/entity for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_

I authorize the release of records for use only for the purpose listed above. Any person(s) obtaining records pursuant to this Authorization shall be solely responsible for the payment of all costs assessed by the Texas Workforce Commission for providing such records. A legible photocopy or telecopy transmission facsimile of this Authorization shall be deemed equivalent to the original. This Authorization shall be valid for a period of six months from the date of execution set forth below, or until my written revocation is received by TWC, whichever occurs earlier.

This release shall apply to all time periods of records held or maintained by TWC unless specifically limited herein.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_