Montana Department of LABOR & INDUSTRY

AUTHORIZATION FOR RELEASE OF
UNEMPLOYMENT COMPENSATION INFORMATION

Participant/Releasor	
First & Last Name	
Date of Birth	
Social Security Number	
Mailing Address	
City, State, Zip	
Information Released	Claim Info Wage Info Employer Info
Recipient	
Name	

I am familiar with my right to privacy under the Federal Privacy Act of 1974, and the Montana Right of Privacy Provisions in Article II, Section 10 of the Montana Constitution. I do hereby waive my right to privacy and any claims of confidentiality which may apply to restrict the Montana Department of Labor & Industry, Unemployment Insurance Division (UID), from providing information to the Recipient. I further release the UID from complying with all other federal and state privacy and confidentiality requirements, including those set forth in 20 CFR Part 603, Mont. Code Ann. § 39-51-603, and Admin. R. Mont. 24.40.103. I specifically authorize and request the UID release the above-identified unemployment compensation insurance information to the Recipient.

I understand that files of the State of Montana Department of Labor & Industry, Unemployment Insurance Division will be accessed to obtain this information. Disclosure of this information shall be limited to the specific purpose of receiving an expected service or benefit from the Recipient and/or for carrying out the administration or evaluation of a public program. I understand the information disclosed may be subject to re-disclosure and agree to hold the UID harmless for any information released under this waiver subsequently redisclosed by a third party.

I may revoke this authorization at any time by presenting a written revocation to the UID. If I revoke my authorization, the information identified above may no longer be used or disclosed for the purposes described in this authorization. I understand the revocation will not apply to information that has already been disclosed in response to this authorization. This authorization, unless revoked, will expire 1 year after its execution.

Recipient shall use the disclosed information only for purposes consistent with this release. Recipient shall protect the disclosed information against unauthorized access and shall dispose of the information after the purpose for which it is disclosed has been served.

_____   _____
Participant/Releasor Signature   Date   Representative/Guardian Signature   Date