



**North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance
Quality Control**



Date: _____

Name
Address
Address2
City, State, Zip

Authorization to Release Information

Claimant: _____

Social Security Number: _____

QC Batch Number: _____

I agree to requests by the State of North Carolina or other state from which I have claimed unemployment insurance benefits, for information which is required by law in connection with my claim for unemployment insurance. This agreement and request for information applies to the military authorities, former or prospective employers, Federal, State, municipal or county agencies, and schools. I consent to the furnishing of the requested information.

Claimant Signature: _____ Date: _____

QC Investigator:

Mail or fax completed form to: Post Office Box 25903
Raleigh, NC 27611-5903
Fax Number 919.715.7642

Help us prevent UI Fraud
by responding accurately and timely
to requests for information