

REQUEST FOR RELEASE OF INFORMATION

Mail, Fax, or Email to:

ATTN: Legal Release
Legal Services Section
North Carolina Department of Commerce
Division of Employment Security
Post Office Box 25903
Raleigh, NC 27611-5903
Phone: 919-707-1025 Fax: 919-715-7194
Email: legal.release@nccommerce.com

REQUESTER'S INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

INFORMATION REQUESTED

NAME: _____ SSN (last 4 digits): _____
(of person or business whose records are requested) (or Claimant ID # or Account #)

ADDRESS: _____

PHONE: _____ BIRTH DATE: _____

SPECIFIC INFORMATION WANTED: _____

REASON FOR REQUEST & INTENDED USE: _____

REQUESTER'S TITLE: _____ DATE: _____

REQUESTER'S SIGNATURE: _____

WITNESS: _____ DATE: _____
(Department staff, where applicable)

Certain information, including wage history records, Forms 1099-G, and decisions, documents, and recordings in closed cases require a minimum \$15.00 fee pursuant to Title 4, Subchapter 24A of the North Carolina Administrative Code.

Requests from third parties require payment and a signed waiver of confidentiality and authorization for DES to release the information. Payment must be made by certified check or money order payable to the Division of Employment Security and mailed to the address above. Requests for Wage History Files for non-claimants require a complete social security number.