



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT
UNEMPLOYMENT INSURANCE

STEPHANIE BECKHORN
ACTING DIRECTOR

Authorization to Release Confidential Information

Section 11(b) of the Michigan Employment Security (MES) Act provides that information in the files of the Michigan Unemployment Insurance (UI) is confidential, and that information regarding a claim for unemployment benefits or wages, may only be released to the claimant and/or employer involved in the claim, to the partially chargeable employer involved in the claim, or the employer directly involved in a possible ineligibility or disqualification of a claimant who paid the wages. Information may also be released to other departments of this state and to certain federal agencies. This Form allows you to give your permission for the release of the specifically described information to the specifically described entity for the specified purpose. The purpose specified in the release shall be limited to a service or benefit to the individual signing the release or carrying out administration or evaluation of a public program to which the release pertains.

Interested parties and/or their representative(s) may obtain records for UI proceedings at no cost. To avoid receiving an invoice for documents received, your request must include a statement that you are, or that you represent the claimant or employer, and that you are requesting records in connection with a protest or appeal. If you are a representative and have an appearance on file, please attach a copy of your appearance.

Release requested by: Claimant Employer Other: _____

Name: _____		Address: _____	
(Please Print) Last name	First	MI	City Zip Code
Telephone number: _____		Social Security Number: _____	
Name of Business: _____		Address: _____	
		City	Zip Code
Telephone number: _____		UI Account number: _____	FEIN: _____

List all the other individuals and entities to whom the UI information requested will be redisclosed:

Name: _____ Company/Organization/Agency: CD SERVICES, INC.
Address: 24027 RESEARCH DRIVE FARMINGTON HILLS 48335
City Zip Code

List all the other individuals and entities to whom the UI information requested will be redisclosed:

Name: ALL ATTORNEYS OF RECORD Company/Organization/Agency: _____
Address: _____
City Zip Code

Indicate the specific purpose for which the information is sought: _____

Any and all purposes permitted or required by law. Civil litigation discovery under michigan court rules for employers, wages, income, dates employed, etc.

Specify information and time period (up to 8 quarters for wages) to be released: _____

Claim inquires, wage employer detail inquiry, claimant wage records,
determinations, summary inquires, supporting documents for past eight
quarters unless otherwise indicated in the subpoena.

Your Authorization to Release Your Information

I, _____, authorize the UI to release the information
(Printed name of worker or employer)

described above. This information will only be used for the purpose indicated. I understand that, except as provided in the law, the information shall not be used in any action or proceeding before any court or administrative tribunal unless UI is a party to, or a complainant in, the action or proceeding, or unless used for the prosecution of fraud, civil proceeding, or other legal proceeding in the programs indicated in Section 11(b)(2) of the MES Act. Any person who willingly violates the provisions of this Act is subject to the penalty provisions of *Michigan Compiled Laws (MCL) 421.54*.

Signature of Worker/Employer

-Or-

Signature of Worker's/ Employer's Authorized Representative A copy of your appearance must be attached otherwise records will not be released.

Date:

If you have any questions about this Form, contact TIA-UI FOIA Liaison at 313-456-3435. TTY customers call 866-366-0004.

For additional information contact FOIA Liaison by mail at 3024 W. Grand Blvd., Ste. 12-100, Detroit, MI 48202, email: TIA-FOIA-UI@michigan.gov or by fax: 313-456-2733.