



Veteran Authorization for Release of Information to the Work Opportunity Tax Credit (WOTC) Program

Please print or type.

New Hire's Name	Social Security number	Date of Birth
Current Address	City & State	Zip Code
Employer Name	Employer Address	Employer FEIN

Veteran Authorization for Release of Military Information

(Complete this section only if seeking WOTC eligibility confirmation under a veteran target group.)

I hereby authorize the Department of Veteran Affairs (DVA) to provide to Michigan's Unemployment Insurance Agency (UIA) the beginning and ending dates of my active duty. If I was on active duty less than 180 days, I authorize DVA to disclose whether the discharge/release was for a service-connected disability. I understand that this information will be used to verify my eligibility under the WOTC program so that my employer will have the opportunity to receive a tax credit for hiring me.

New Hire's Signature

Date

Disabled Veteran Medical Release Authorization

(Complete this section only if seeking WOTC eligibility confirmation under a veteran target group.)

I hereby authorize the Department of Veteran Affairs (DVA) to release that I am collecting compensation for a service-connected disability rating of 10 percent or greater to Michigan's UIA. I understand that this information will be used to verify my eligibility under the WOTC program so that my employer will have the opportunity to receive a tax credit for hiring me.

New Hire's Signature

Date

Send directly to the WOTC Unit by mail or fax to:

State of Michigan - UIA
WOTC Unit
PO Box 8067
Royal Oak, MI 48068-8067
Fax number: (313) 456-2132

If you have any questions contact the WOTC Unit at (313) 456-2105 or 1-800-482-2959.
TTY customers call 1-866-366-0004