



State of Michigan  
Department of Licensing and Regulatory Affairs  
**UNEMPLOYMENT INSURANCE AGENCY**  
www.michigan.gov/uia



**Authorization for the UIA 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 Agency (UIA) is confidential, and that information regarding a claim for unemployment benefits, or about wages, may only be released to the unemployed worker involved in the claim or the employee whose wages are on file, or to the employer involved in the claim or the employer who paid the wages. The information may also be released to other departments of this state, and to some other federal agencies. This Form is to allow 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.

**Name of Worker** (Please print)  
\_\_\_\_\_  
Last First Middle  
**Worker SSN:** \_\_\_\_\_ **Name of Business** \_\_\_\_\_  
**UIA Employer Account No.:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**LIST ALL INDIVIDUALS AND ENTITIES WHO MAY RECEIVE THE INFORMATION**

Name: \_\_\_\_\_ Company/Organization/Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Company/Organization/Agency: \_\_\_\_\_

**INDICATE SPECIFIC PURPOSE FOR WHICH THE INFORMATION IS SOUGHT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIFY INFORMATION AND TIME PERIOD (UP TO 8 QUARTERS FOR WAGES) TO BE RELEASED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR AUTHORIZATION TO RELEASE YOUR INFORMATION**

I, \_\_\_\_\_, authorize the UIA to release the information described above. This information  
(Printed name of worker or employer)  
will only be used for the purpose indicated. I understand that, except as provided in the law, the information and determination shall not be used in any action or proceeding before any court or administrative tribunal unless the Agency 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 MCL 421.54.  
  
Signature of Worker/Employer: \_\_\_\_\_ Date: \_\_\_\_\_  
-or-  
Signature of Worker's/ Employer's Authorized Representative: \_\_\_\_\_  
Date: \_\_\_\_\_

If you have any questions about this Form contact the UIA at 1-313-456-2582 (TTY customers use 1-866-366-0004).

**For additional information contact:** Unemployment Insurance Agency  
FOIA Coordinator  
3024 W. Grand Blvd., Suite 12-350  
Detroit, MI 48202  
**Fax:** 1-313-456-0059