



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO  
DIRECTOR

### Michigan Community College Request Form for Unemployment Insurance Data - SSN

**(Use this form only if you are making this request on behalf of a Michigan Community College and can provide individual social security numbers related to your request.)**

The Michigan Employment Security (MES) Act and Michigan Administrative Code, in conjunction with the Code of Federal Regulation, 20 CFR §§ 603.1 - 603.12, authorizes the Unemployment Insurance Agency (UIA) to release unemployment insurance data. UIA may only release this data pursuant to an agreement and if the statutory requirements for disclosure are met.

To receive data, the following requirements must be met:

1. The requesting individual or entity is an authorized requestor pursuant to statute and rule.
2. The purpose for which the data is requested is an authorized purpose pursuant to statute and rule.
3. The requesting individual or entity must enter into a written agreement to receive the data.
4. The requesting individual or entity must agree to reimburse UIA for the cost of providing the data.

UIA data can be requested for the fourth quarter of 2013 through present. If your request is for data prior to this time, there will be additional cost to obtain this data which must be paid by the requestor.

To submit a data request, complete this form and return it via email to [LEO-UIAdatarequests@michigan.gov](mailto:LEO-UIAdatarequests@michigan.gov) or by fax to 313-456-2732. Do not send data with this request. You will receive a confirmation letter that your request was received. Once your request is reviewed, you will receive notice as to whether your request was approved or denied. If approved, a cost estimate will be provided, and you will receive a tentative agreement. After the agreement has been approved and fully executed, you will be invoiced for the amount of the cost estimate. Upon receipt of payment, the data request and transfer will be executed. After the transfer of data, you may receive a second invoice for the actual cost. This invoice must be paid within 30 days or the agreement will automatically terminate and you must destroy the data pursuant to the terms of the agreement. You will need to ensure that all legal and technical requirements for your entity have been addressed prior to the transfer of data.

Individual Authorized to Request Confidential Information	Name of Requestor/Community College
Name: Title: Telephone No.: Email:	Name: Address:

**Describe in detail the purpose for which you are requesting data. This must be specific and not general in nature:**

**Describe how the data is to be used. Include whether you plan to redisclose the data, and if so, in what form and to whom:**

**UIA Data Requested:**

I would like to receive (only check the box if the data is required to fulfill the purpose):

- Individual gross quarterly wages
- Employer name
- Employer zip code
- Employer industry code

Time period for requested information \_\_\_\_\_  
(Example: 2012 Q1 - 2018 Q3)

I affirm that the information provided on this form is accurate. I understand that if I misrepresent information, I may be subject to penalties under Section 54 of the MES Act.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Entity \_\_\_\_\_

If you have questions, contact UIA at [LEO-UIAdatarequests@michigan.gov](mailto:LEO-UIAdatarequests@michigan.gov).