



State of Michigan  
Department of Labor & Economic Growth  
**UNEMPLOYMENT INSURANCE AGENCY**  
3024 W. Grand Blvd., Suite 12-300, Detroit, MI 48202  
www.michigan.gov/uia



**Authorization for UIA to Release Confidential Information**

Section 11(b) of the *Michigan Employment Security Act* provides that information in the files of the Michigan Unemployment Insurance Agency is confidential, and that information regarding a claim for unemployment benefits, or about wages paid by an employer to an employee, may only be released to the claimant 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.

The Unemployment Insurance Agency has received a request for information from an entity that is not permitted to receive the information, unless you give your permission for it to be released. The purpose of this form is to allow you to give your permission for the release of the specifically described information to the specifically described entity.

**REQUESTING INDIVIDUAL AND ENTITY**

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

**SPECIFIC INFORMATION REQUESTED**

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

**YOUR AUTHORIZATION TO RELEASE THE INFORMATION**

I, \_\_\_\_\_,

(Printed name of claimant or employer whose claim information or wage information is being requested)

hereby authorize the Michigan Unemployment Insurance Agency to release the information described above, as contained in the files of the Unemployment Insurance Agency, to the requester described above, for the limited purpose described above.

Signature of Claimant/Employee: \_\_\_\_\_ Date: \_\_\_\_\_

-or-

Signature of Employer's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions regarding this form contact Dorothy Holmes at 1-313-456-2526 (TTY customers use 1-866-366-0004).