AUTHORIZATION FOR USE OR DISCLOSURE OF UNEMPLOYMENT INSURANCE INFORMATION

Name of Claimant: _____

Date of Birth: _____

Last 4# of Social Security number: _____ OR Claimant ID #: _____

I. Authorization

I authorize the Employment Security Division of the Nevada Department of Employment, Training and Rehabilitation to use or disclose the following unemployment insurance information.

☐ - All of my unemployment insurance information

☐ - My unemployment insurance information covering the period from _____ (date) to _____ (date)

☐ - Other: _____

The Employment Security Division of the Nevada Department of Employment, Training and Rehabilitation may disclose this unemployment insurance information to the following recipient:

Name or organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

The purpose of this authorization is (check all that apply):

☐ - At my request

☐ - Other: _____

This authorization ends:

☐ - On (date)_____

☐ - When the following event occurs: _____

II. My Rights

I understand that pursuant to NRS 612.265 and 20 C.F.R. 603 that my unemployment insurance information is confidential. I understand that by signing this document I am waiving confidentiality in whole or in part as outlined above in this document.

I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. In

order to revoke this authorization, I must do so in writing and send it to the Employment Security Division of the Nevada Department of Employment, Training and Rehabilitation, 500 E. Third St., Carson City, NV 89713.

I understand that uses and disclosures already made based upon my original permission cannot be taken back.

I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

Signature of Claimant: _____

Date: _____