AUTHORIZATION FOR RELEASE OF RECORDS

TO: EMPLOYMENT DEVELOPMENT DEPARTMENT

I, _____, authorize the Employment Development
(type or print name)

Department (EDD) to release a copy of the following records pertaining to

myself, _____, covering the period
(specify type of record, see below)

from _____ to _____ to the following individual or
(month/day/year) (month/day/year)

entity: _____
Name

_____
Address

_____
City, State, Zip Code

This Authorization shall remain in effect for 90 days from the date below or until

_____.
(month/day/year)

A copy or facsimile of this Authorization shall be as valid as the original.

Date: _____ Signature: _____

Social Security Number: _____

Types of records maintained by EDD: Wages (reported by quarter)

[The disclosure of your social security number is voluntary. However, since most EDD records are filed by social security number, EDD may be unable to locate any or all of the records requested without disclosure of your social security number.]

If you have any additional questions regarding wage history requests, call (916) 255-6451.