

SELF-REQUEST FOR RECORDS

A response to your request will be sent within 5 BUSINESS DAYS.

1. PROVIDE THE FOLLOWING INFORMATION:

Name (please include any alias or maiden name):

Social Security Number:

2. CHECK ONE OR MORE BOXES TO INDICATE THE RECORDS BEING REQUESTED:

- I am requesting a copy of my Employment History from _____ through _____
(start date) (end date)
- I am requesting a copy of my Unemployment Payment History from _____ through _____
(start date) (end date)
- If you are seeking records other than the above (identify here): _____

3. AUTHORIZATION AND SIGNATURE:

a) Mail or Fax records to:

Name:

Contact Phone #:

Address Line:

City State Zip Code:

Return Fax #:

360.525.6191

b) Send Request to:

Employment Security Department

Attn: Records Disclosure Unit

P.O. Box 9046

Olympia WA 98507-9046

Fax # (360) 586-2133

Phone # (360) 586-2132

c) I authorize the requested information/records be released and sent to the entity identified in Section 3a.

d) By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose records are being requested.

Signature (Required)

Date