INDIANA WORKFORCE DEVELOPMENT AND ITS WorkOne CENTERS

RELEASE OF INFORMATION

NAME OF APPLICANT: _____

SOCIAL SECURITY: _____

DATE: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

_____
SIGNATURE OF APPLICANT

☐ **Check this box if Power of Attorney is attached**

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

Signature of Requestor: _____

Requesting Agency: South Central Community Action Program

Fax Number: 812-334-8366

Phone Number: 812-339-3447

For questions email EmployVerification@dwd.IN.gov .