

IowaWORKS

Southern Iowa

RELEASE OF CLAIM INFORMATION

Name	Effective Claim Date	Weekly Benefit Amount
		\$
Social Security Number	Maximum Benefit Amt.	Remaining Balance
	\$	\$
Extended Benefits Effective Date	Ext. Weekly Benefit Amount	Remaining Balance
	\$	\$

1. Has determination on this claim been completed? YES ___ NO ___

2. Claimant is not currently receiving Unemployment Benefits:

Lack of Earnings No Claim on File
 Claim in Lock Status (not in pay status) Benefits Exhausted

3. Client is registered with IowaWORKS for employment opportunities: Yes: ___ No: ___
(Inactive/Active)

Additional Comments:

The Privacy Act of 1974 prohibits the release of information from personal files of individuals without the express permission of the person involved.

I, the undersigned, hereby authorize Iowa Workforce Development to release any and all pertinent information contained in my file Irrespective of whether the Privacy Act of 1974 (5 U.S.C. 552A) would preclude the release of the information without my consent.

Claimant Signature/Date: _____

IWD Representative/Date: _____

ABSOLUTELY NO INFORMATION WILL BE RELEASED BY TELEPHONE CONCERNING UNEMPLOYMENT CLAIMS OR BENEFITS.

NOTE: THIS STATEMENT IS NOT FOR TAX PURPOSES

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Equal Opportunity Employer/Program

Auxiliary aids and services available upon request to individuals with disabilities.

For deaf and hard of hearing, use Relay 711