



**Unemployment Insurance
Appeal Board**

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Authorization for the Release of Records

I, _____ reside at
_____, hereby authorize the
New York State Unemployment Insurance Appeal Board to release the following records

relative to the case of: _____

ALJ /AB case number(s): _____

To:(Name) _____

whose address is: _____

I am the (specify- claimant or employer): _____ in
this matter. This information is sought for the purposes of _____

and will be solely used for this purpose.

Signature

Sworn to before me on this _____

Day of _____, 20 _____

Notary Public