

Information Request

Use this form to submit your Unemployment Insurance Information Request. You must provide us with the following information for your request to be processed.

Requests are completed in the order they are received and multiple submissions of the same requests only delay the response time. Special requests such as Rush, Urgent, and ASAP will not be honored.

We are unable to respond to a request for information on the payment of future benefits. The Unemployment Insurance (UI) program is payable to individuals who have met, and continue to meet, certain eligibility criteria. As such, it is impossible for the department to determine an individual's future eligibility for UI benefits. However, we are happy to provide information regarding past and present eligibility for, and receipt of, UI benefits.

Purpose for Request (please check one):

The client has applied for housing assistance under the housing assistance program of the Department of Housing and Urban Development (HUD) and the requester is a public housing agency determining the client's eligibility for this program.

To provide a service to the client such that the client expects to receive a benefit as a result of signing the release.

The service provided is:

The expected benefit is:

To administer or evaluate a public program. The public program is:

Requesting Agency Information

Requester Name	Agency Name		
Mailing Address	City	State	Zip Code
Telephone Number	Fax Number		

I certify that the purpose stated above is true and accurate to the best of my knowledge, that any information provided by the Unemployment Insurance Division will be used exclusively for the purpose stated above, and that provided information will be safeguarded in accordance with the record disclosure agreement between the requester and the Unemployment Insurance Division.

Requester Signature _____ Date Signed _____

Consent to Release Information

Provision of your Social Security Number (SSN) is mandatory per the federal Social Security Act. Your SSN is used to verify your identity. We cannot process this request without your SSN.

I authorize the Wisconsin Unemployment Insurance Division to release eligibility and benefit payment information regarding my unemployment insurance claim to the requester described above only for the purpose indicated on this form. If the purpose for request indicated above relates to housing eligibility or assistance, I also authorize the release of said information to the Wisconsin Housing and Economic Development Authority (WHEDA) in the event that WHEDA audits the housing program records of the requester. This authorization expires one year after the date signed.

Client Name	Social Security Number
Client Signature	Date Signed

Fax this request to Records Custodian, at 608-327-6142. If you have questions, call 608-267-7374.