



## AUTHORIZATION FOR DISCLOSURE OF PERSONAL RECORDS

**Please read this entire form before signing and complete all the sections for disclosure of your records.** You must also provide all necessary information to verify your identity to ensure the protection of your non-public personal information, which is protected under the Rhode Island Identity Theft Protection Act of 2015 (R.I. Gen. Laws § 11-49.3) and the federal Privacy Act of 1974 (5 U.S.C. § 552a). The Department of Labor and Training is committed to safeguarding your personal information and will use the information for the sole purpose of verifying your identity and processing this request. **If you are represented by an attorney, the Department will accept a release provided by an attorney in lieu of submitting the Department’s Authorization For Disclosure Of Personal Records.**

### Section 1: Information of Individual Whose Records are Sought

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number (last four digits): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_

### Section 2: Authorized Recipient of Records

Full Name/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Section 3: Records Requested

- Unemployment Records (UI) Records
- Temporary Disability Insurance (TDI) Records
- Temporary Caregiver Insurance (TCI) Records
- Workers’ Compensation Records

#### Specify the period for which you need records:

From: \_\_\_\_\_ To: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

### Section 4: Signature

By signing below, I acknowledge and affirm that I am the individual to whom these records pertain or his/her authorized representative. I understand that these records contain non-public information protected under state and federal law, and the unauthorized access or disclosure of this information is prohibited and may result in legal penalties.

\_\_\_\_\_  
*Signature of Individual Whose Records are Sought*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*Relationship to Individual*

\_\_\_\_\_  
*Date*

## Acknowledgment

State of \_\_\_\_\_,  
County of \_\_\_\_\_

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, personally appeared \_\_\_\_\_ and proved to the notary, through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached document in my presence.

Signature of Notary Public: \_\_\_\_\_

Printed name, Notary Public: \_\_\_\_\_

Notary ID # \_\_\_\_\_

Commission expires: \_\_\_\_\_

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### Instructions For Completing Authorization for Disclosure of Personal Records in Person

1. Print clearly.
2. Section 1: Print the name of the person whose information will be released.
3. Section 2: Print the name and address of the person or organization authorized to receive the information. All records shall be sent via Certified mail.
4. Section 3: Check all the boxes that apply.
5. **The individual whose records are sought or their authorized representative must sign and date this form in black or blue ink in the presence of a Notary Public.** Examples of authorized representatives include parents of minors, legal guardians, and power of attorney. You may complete this document at the DLT, and a Notary will be provided. Please call **401-462-8877** to schedule an appointment with a notary. **Please understand that if you show up without an appointment, a notary may not be available for you.** The address is 1511 Pontiac Avenue, Building 73-3, Cranston, Rhode Island 02920.

### Alternative Submission Instructions

If the form was not completed in person, it can be submitted through the following methods:

1. Submit the completed form via regular mail to 1511 Pontiac Avenue, Building 73-3, Cranston, Rhode Island 02920, c/o Legal Division.
2. Email the completed form to [dlt.apra@dlt.ri.gov](mailto:dlt.apra@dlt.ri.gov).
3. Fax the completed form to 401-462-8884, c/o Legal Division.