

TO: (Name & Address)

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**PERMISSION FOR RELEASE OF INFORMATION:** I hereby authorize the release of the requested information.

Signature Date

Project Owner/Managing Agent

Mail/fax/email form to:

Gross weekly payment: \$ \_\_\_\_\_

Date of Initial Payment: \_\_\_\_\_ Ending Date, if known \_\_\_\_\_

Is the client entitled to an extension of benefits? Yes No

If yes, for how long?

If no, what is the termination date of benefits?

Does the above client receive unemployment compensation on a seasonal basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, indicate the total amount received in the last 12 months: \$

REMARKS: \_\_\_\_\_

UNEMPLOYMENT INSURANCE PROVIDER:

Signature: \_\_\_\_\_  
 Print your name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_

Date: \_\_\_\_\_  
Tel. #: \_\_\_\_\_  
Email: \_\_\_\_\_

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.