

## **How to Request a Printout of Unemployment Insurance Benefit Payments**

The NYS Department of Labor will provide you with a history of unemployment benefits you received OR a document indicating no record was found if you have not collected unemployment benefits. Follow the instructions below to request these records.

To request your own UI records, complete the “Authorization of Release of Unemployment Records Form” attached. You must include all the following information.

- Your name
- Your social security number
- Your current address
- A description of the specific information you are requesting (benefit payment history)
- The time period you received benefits (**Note:** Indicate never for the time period if you have not collected unemployment benefits)
- The name and address of the person the records should be released to. (**The Department of Labor will fax the records directly to your assigned investigator if you provide their name and the fax number**)
- Your request form must contain either your notarized signature, or in lieu of a notarized signature, you must provide a copy of your social security card and a copy of your driver’s license or equivalent proof of identification containing your signature.

**IMPORTANT:** Please include your phone number on the authorization form in the event the Department of Labor needs to contact you for additional information.

**Your request can be mailed or faxed to the Department of Labor.**

Mailing Address:

Fax Number:

NYS Department of Labor

(518) 457-9378 / (518) 485-1271 / (518) 457-9841

P.O. Box 15130

Albany, New York 12212-5130

If you have not received a response to your request within 7 business days, please call the NYS Department of Labor at (518) 457-9000

**AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE RECORDS**

I \_\_\_\_\_, Social Security No. \_\_\_\_\_

reside at \_\_\_\_\_

\_\_\_\_\_ and hereby authorize the New York State Department of Labor

("Department") to release unemployment insurance records for the period of **ALL PERIODS**

maintained by the Department under

the above stated social security number.

These records may be released to: **NYC Department of Correction**

Whose address is: **75-20 Astoria Blvd., Suite 250**

**East Elmhurst, NY 11370**

Fax #: **(718)278-6071**

This information is sought for the purpose of ***Candidate for Correction Officer*** and will be used solely for this purpose.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Notary Public

***Department of Labor***

***Tel # (518) 485-8048***

***Fax # (518) 485-1271, (518) 457-9378***