

**SELF-REQUEST FOR RECORDS**

A response to your request will be sent within 10 TO 15 BUSINESS DAYS.

**1. PROVIDE THE FOLLOWING INFORMATION:**

Name (please include any alias or maiden name):

\_\_\_\_\_  
Social Security Number:

**2. CHECK ONE OR MORE BOXES TO INDICATE THE RECORDS BEING REQUESTED:**

I am requesting a copy of my Employment History from  
\_\_\_\_\_ through \_\_\_\_\_  
(start date) (end date)

I am requesting a copy of my Unemployment Payment History from  
\_\_\_\_\_ through \_\_\_\_\_  
(start date) (end date)

If you are seeking records other than the above (identify here):

**3. AUTHORIZATION AND SIGNATURE:**

a) Mail or Fax records to:

Name:

\_\_\_\_\_  
Contact Phone #:

\_\_\_\_\_  
Address Line:

\_\_\_\_\_  
City State Zip Code:

\_\_\_\_\_  
Return Fax #:

b) Send Request to:

\_\_\_\_\_  
Employment Security Department

\_\_\_\_\_  
Attn: Records Disclosure Unit

\_\_\_\_\_  
P.O. Box 9046

\_\_\_\_\_  
Olympia WA 98507-9046

\_\_\_\_\_  
Fax # (866) 610-9225

\_\_\_\_\_  
Phone # (360) 407-4580

c) I authorize the requested information/records be released and sent to the entity identified in Section 3a.

d) By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose records are being requested.

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date