

**ALABAMA DEPARTMENT OF LABOR
INDIVIDUAL CONFIDENTIAL INFORMATION REQUEST**

1. This form allows you to request information from your own file. It must be completed with a notarized signature and include a money order made payable to "ADOL" in the amount of \$10.00 (ten dollars). *If you have questions regarding this notice, please call the Information Disclosure Unit at (334)242-8981.* **THIS FORM IS FOR CLAIMANT REQUESTS ONLY.** If you are an attorney or represent the claimant listed below in a legal action, please contact the ADOL Legal Division at 334-242-8376 for assistance.

2. Please select the information needed: (Check all that apply)

- UC Claimant Profile printout - Shows your total Unemployment Compensation (UC) benefit amount and balance. It contains your name, address, phone number, and beginning and ending dates of the claim.
- UC Base Period Wages printout - Shows your reported Alabama wages by quarter.
- UC Payment History printout - Shows your weekly UC payments during the benefit year.
- Other (specify) _____

3. All requests are \$10.00 and must be prepaid. Mail money order payable to "ADOL" to:

Central Cashier
Alabama Department of Labor
649 Monroe Street, Room 2684
Montgomery, AL 36131

4. The Alabama Department of Labor is hereby authorized to release the requested information from my records.

_____ (PRINT) Full Name

_____ Social Security Number

5. My Phone Number is: (_____) _____
Area Code Telephone Number

6. The above information is to be used for the following purpose(s) _____

7. Please **mail my information to the address below or** **FAX it to** (_____) _____
Area Code Fax Number

Name _____

Address _____

City _____ State _____ ZIP _____

8. Notarized signature: (Please sign this form in the presence of a Notary only.)

Claimant's Signature _____

Notary Signature _____

(Notary Seal)

Date Notarized _____