



# WAIVER AND AUTHORIZATION

Iowa Workforce Development and/or Iowa Vocational Rehabilitation Services, a division of Iowa Workforce Development, is hereby authorized to provide records listed below to:

Name: \_\_\_\_\_

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

If I am a claimant of Iowa Workforce Development, I allow the release of any personal and/or business information concerning unemployment insurance claims, accounts, or any other pertinent information regarding my interactions, past or present, with Iowa Workforce Development.

If I am a client of Iowa Vocational Rehabilitation Services, I allow the release of any of my client records, including medical, hospital, psychiatric, psychological, educational transcripts, etc., subject to eCFR34; CFR361.38

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name of Claimant, Client or Employer

\_\_\_\_\_  
Full Social Security Number or EIN Number

\_\_\_\_\_  
Claimant's or Client's Date of Birth

\_\_\_\_\_  
Telephone Number

**IVRS Clients – Please initial next to each category if you give permission to share the listed protected records**

\_\_\_ Substance abuse

\_\_\_ Mental health

\_\_\_ HIV-related information

Question	Answer
Current Employer Name	
Last Date Worked	
Amount of Last Benefit Payment	
Number of Dependents	
Start Date with Last Employer	