

## Release of Information for Claimant

*The Signature of the Requestor **must be Notarized***

Pursuant to Massachusetts General Laws, Chapter 151A, section 46(c)(2), I would like to request from the Massachusetts Division of Unemployment Assistance my unemployment record be released to me upon this request for the period of:

From: \_\_\_\_\_ to: \_\_\_\_\_

Comments: *(Please specify the type of materials requested, for example – unemployment case file with dates of claim, Hearing or Board of Review materials including files and tape(s) with specific dates and any docket numbers, etc.)*

Document type requested: \_\_\_\_\_

\_\_\_\_\_  
Full Name of Person Requesting Release (Printed or Typed)

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address, City, State, Zip Code (Printed or Typed)

\_\_\_\_\_  
Notarized Signature of Person Requesting Release

### Notary Public Acknowledgement of Signature

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which was/were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public Signature

My commission expires \_\_\_\_\_

**Questions? call: (617) 626-6425.**

**Please return completed form to:**

Department of Unemployment Assistance  
Legal Department/Records Management,  
100 Cambridge St 4<sup>th</sup> Floor  
Boston, MA 02114