

REQUEST FOR DISCLOSURE OF TAX/BENEFIT INFORMATION- MEDIA

K-RM 003 (Rev. 4-21)

MAIL TO: Disclosure Officer
Kansas Department of Labor
P.O. Box 3539
Topeka, KS 66601-3539
FAX TO: (785) 368-7117
UPLOAD: <https://UIAssistance.GetKansasBenefits.gov>

Information requested: _____

Information will be used for: _____

SECTION A – CLAIMANT

This request is submitted by a claimant or in reference to a Kansas unemployment claimant. **Information requested by a claimant will only be mailed to the claimant, unless Section D applies.**

Claimant Social Security number: XXX-XX-_____ [Do not provide full SSN]

Claimant name (first, middle, last): _____

Claimant address: _____ City: _____ State: _____ ZIP: _____

SECTION D – INFORMED CONSENT

This is a request submitted by a claimant for release of information to a third party, other than an agent of claimant as defined in 20 C.F.R. 603.5(d)(1), on the basis of informed consent, in accordance with 20 C.F.R. 603.5(d)(2) and K.S.A. 44-714(e). **Section A and the notary section below must be completed by the claimant for such request to be fulfilled.** This request must be submitted to KDOL by the third party who will be receiving the information. The third party who may receive the above-identified information (please make sure to provide address where information may be sent. Email is not a secure form of communication and the agency will not fulfill these requests via email).

Third party's Name _____ Address _____ City _____ State _____ ZIP _____

I, (claimant) _____, acknowledge that state government files will be accessed in order to obtain the requested information. Further, I represent that the above-identified information: (1) specifically identifies the information to be disclosed, (2) will be used only for the above-stated purpose, and (3) such purpose is for either providing a service or benefit to me that I expect to receive as a result of signing the release or carrying out administration or evaluation of a public program to which the release pertains.

Information maintained in the KDOL files may only be disclosed as provided for in K.A.R. 50-4-2 and K.S.A. 44-714(e).

CERTIFICATION: I understand this information is being released in accordance with the Employment Security Law, K.S.A. 44-714(e). The information retains its confidential nature and "...shall not be published or be open to public inspection... in any manner revealing the individual's or employing unit's identity..." I further understand this information is being supplied with the express understanding that the recipient will treat this information in a confidential manner and refrain from disclosing the information or allowing it to be published as part of a public record in any proceeding.

(SIGNATURE MUST BE NOTARIZED)

By my signature, I further authorize and consent to the disclosure and copying of these records for the above mentioned purposes. I further attest that I acknowledge the guidelines of disclosure as mentioned in K.A.R. 50-4-2 and K.S.A. 44-714(e).

Requestor printed name: _____ Title (if applicable): _____

Signature: _____ Date: _____ Phone: _____

BE IT REMEMBERED, that on this _____ day of _____, 20____, before me personally appeared _____, known to me to be the person named in and who executed the foregoing instrument of writing and acknowledges the execution of the same.

State of _____ NOTARY PUBLIC: _____

County of _____ My commission expires on: _____