

# GEORGIA DEPARTMENT OF LABOR

## Authorization and Release for Disclosure of Unemployment Insurance Information/Records

### Instructions:

1. Complete all sections of the attached Authorization and Release Disclosure (DOL-5111).
2. Sign and date the form in the presence of a notary public. **The Georgia Department of Labor cannot notarize the document for you.**
3. Submit the **original** completed, signed, notarized form to the UI Legal Unit **with a legible copy of a government issued photo ID** by mail, fax, or email to:

Georgia Department of Labor  
UI Legal Unit  
Suite 826  
148 Andrew Young International Blvd., NE  
Atlanta, Georgia 30303  
Fax: 404.232.3313  
Email: [LSO@gdol.ga.gov](mailto:LSO@gdol.ga.gov)

**Fees may apply as determined by the UI Legal Unit.**

**Questions? Contact the UI Legal Unit at 404.232.3310.**

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PLEASE TYPE OR PRINT CLEARLY. ALL INFORMATION MUST BE COMPLETED IN EACH SECTION.

SECTION I: INDIVIDUAL'S INFORMATION		
Name:	SSN:	
Address:		
City:	State:	Zip:
Telephone #1:	Telephone #2:	
SECTION II: RECIPIENT'S INFORMATION		
I hereby authorize the Unemployment Insurance Division of the Georgia Department of Labor to release my unemployment insurance information/records, as specified on this Authorization and Release form, to:		
Name:	Telephone:	
Company (if applicable):		
Address:		
City:	State:	Zip:
SECTION III: RELEASE OF INFORMATION/RECORDS AND CONDITIONS		
The release of unemployment insurance information or records must be limited to providing a service or benefit to the individual signing the release that such individual expects to receive as a result of signing the release, or carrying out administration or evaluation of a public program to which the release pertains.		
Specific information/records to be released:		
Requested information/records shall be used for the following purpose(s):		
In addition to the recipient named in Section II, the following party (or parties) may receive the information/records disclosed:		



## Authorization and Release for Disclosure of Unemployment Insurance Information/Records

I understand that any information or records obtained by the Georgia Department of Labor in the administration of the unemployment insurance program is generally private and confidential pursuant to O.C.G.A. § 34-8-120 et seq. and 20 CFR part 603, and may only be released for the purpose specified in this authorization in accordance with GDOL Rule 300-2-6-.02, as amended.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary's Signature: \_\_\_\_\_ Commission Expires: \_\_\_\_\_.