

**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)954-4076.* **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) 956-7470 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 _____