



WIOA TITLE 1B CLIENT RELEASE  
of  
**UNEMPLOYMENT INSURANCE INFORMATION**  
To  
**EMPLOYMENT & TRAINING STAFF**

TO: Nebraska Department of Labor  
Unemployment Insurance (UI) Benefits Staff

YOU ARE HEREBY AUTHORIZED to release to Nebraska Department of Labor, Employment & Training Staff, a copy of any and all documents, notes, records, reports, communications, memoranda or other writings provided by me in connection with my UI claim(s).

This Release shall continue in full force and effect until revoked by me in writing.

A photo-copy of this Release shall serve in its stead.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Name (Printed)

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Workforce Coordinator Signature

\_\_\_\_\_  
Workforce Coordinator Name (Printed)

Administrative Entity — Nebraska Department of Labor  
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