



## Client Release of Unemployment Information

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

YOU ARE HEREBY AUTHORIZED to release to:

- Heartland Workforce Solutions/Dynamic Educational Systems, Inc. (DESI) Youth Services
- National Able Network
- Nebraska Department of Labor, Employment and Training Staff
- ResCare Workforce Services

A copy of any and all documents, notes, records, reports, communications, memoranda or other writing provided by me in connection with my Unemployment Insurance claim(s).

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

A photocopy of the Release shall serve in its stead.

\_\_\_\_\_  
Participant Name (Print)      Participant SSN      Participant Signature      Date

\_\_\_\_\_  
Parent/Guardian Name (if applicable)      Parent/Guardian Signature      Date

\_\_\_\_\_  
Program Staff Name      Program Staff Signature      Date