

**ALABAMA DEPARTMENT OF WORKFORCE  
INDIVIDUAL CONFIDENTIAL INFORMATION REQUEST**

1. **This form allows you to request information from your own file.** It must be completed with a notarized signature (if request is mailed) and include a money order made payable to "ADOW" in the amount of \$10.00 (ten dollars) for Documents and \$5.00 (five dollars) for CD of Hearing Transcript. ***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 ADOW 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 for documents and \$5.00 for CD of hearing transcript must be prepaid. Mail money order payable to "ADOW" to:

Central Cashier  
Alabama Department of Workforce  
50 North Ripley Street, Room 4116  
Montgomery, AL 36130

4. **The Alabama Department of Workforce is hereby authorized to release the requested information from my records.**

\_\_\_\_\_  
(PRINT) Full Name

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

\_\_\_\_\_  
Signature

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, if mailed.)

Claimant's Signature: \_\_\_\_\_

Notary Signature \_\_\_\_\_

(Notary Seal)

Date Notarized \_\_\_\_\_