WAIVER OF CONFIDENTIALITY (Employer Records)

STATE OF OKLAHOMA	
COUNTY OF) SS. _) Federal EIN:
Employment Security Comm	, hereby state that I waive the ds, documents, and information maintained by the Oklahoma assion regarding my unemployment tax account. By this document, Employment Security Commission to retrieve and reproduce the nd deliver them to:
NAME:	
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Please produce these document	nts by the following date:
reports).	ty days is required to obtain an employer file and/or quarterly RE:
PRINT NAM	ME:
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Subscribed and sworn	to before me this day of, 20
My Commission Expires:	Notary Public

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