WAIVER OF CONFIDENTIALITY (Claimant Information)

STATE OF OKLAHOMA		SSN:	
) SS.		
COUNTY OF)		
I,			, hereby state that I waive the
I, confidentiality of the record Employment Security Commis Service application, or wage re Security Commission to retriev to:	sion regardinecords. By the	ng my claim for unemp nis document, I authori	loyment benefits, Employment ze the Oklahoma Employment
Name:			
Address:			
		Zij	p
Telep	hone:		
It is requested that the followin	g documents	be retrieved and repro	duced:
Please produce these document	ts by the follo	owing date:	
(Note : A minimum of twenty d forty five days are required for			
Signature:			
Print Name:			
Subscribed and sworn to before	e me this	day of	, 20
My Commission Expires:			
		Notary Public	