

Primary Account Name: \_\_\_\_\_



**Employment Security Department**  
WASHINGTON STATE

**SELF-REQUEST FOR RECORDS**

**ESD FORM**

A response to your request will be sent within 5 BUSINESS DAYS.

**1. PROVIDE THE FOLLOWING INFORMATION:**

Name (please include any alias or maiden name):  
\_\_\_\_\_

Social Security Number:  
- - -

**2. CHECK ONE OR MORE BOXES TO INDICATE THE RECORDS BEING REQUESTED:**

I am requesting a copy of my Employment History from  
\_\_\_\_\_ through \_\_\_\_\_  
(start date) (end date)  
9/01/19 Present

I am requesting a copy of my Unemployment Payment History from  
\_\_\_\_\_ through \_\_\_\_\_  
(start date) (end date)  
9/01/19 Present

If you are seeking records other than the above (identify here):  
\_\_\_\_\_

If you do not have a Social Security number then write the number that you use to work in the above space. If you do not use another number then write "No Social Security number".

**3. AUTHORIZATION AND SIGNATURE:**

a) Mail or Fax records to:

City of Seattle-ELIA Program Program  
700-5<sup>th</sup> Ave. # 2842  
Seattle, WA 98104

(Internal Use) Date Faxed: \_\_\_\_\_

FAX: (206) 287-5356

- c) I authorize the requested information/records be released and sent to the entity identified in Section 3a.
- d) By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose records are being requested.

X \_\_\_\_\_  
Signature (Required)

\_\_\_\_\_ Date