

## AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE RECORDS FOR RETIRED ANNUITANT

**To: Employment Development Department  
Orange County Primary Call Center  
P.O. Box 5007  
Buena Park, CA 90622**

I, \_\_\_\_\_, authorize the Employment Development  
Department (EDD) to release my Unemployment Insurance (UI) information for purposes related to  
Government Code section 21224 [Retired Annuitant (RA) return to work prohibition for a CalPERS  
employer if UI benefits collected within the last 12 months] to:

*Fold  
Here*

<b>TO:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NAME AND TITLE</td> </tr> <tr> <td style="padding: 2px;">STATE AGENCY</td> </tr> <tr> <td style="padding: 2px;">MAILING ADDRESS</td> </tr> <tr> <td style="padding: 2px;">CITY, STATE, AND ZIP CODE</td> </tr> </table>	NAME AND TITLE	STATE AGENCY	MAILING ADDRESS	CITY, STATE, AND ZIP CODE	<p><i>Appointing entity must include a stamped self-addressed return envelope with each request.</i></p>
NAME AND TITLE						
STATE AGENCY						
MAILING ADDRESS						
CITY, STATE, AND ZIP CODE						

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
MONTH/DAY/YEAR RETIRED ANNUITANT SIGNATURE

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Here*

(This Authorization shall remain in effect for 12 months from the date signed.)  
Social Security Number: \_\_\_\_\_  
Date of Appointment: \_\_\_\_\_

Failure to sign this consent does not preclude the appointing entity authority from obtaining this information from the EDD after you are hired, pursuant to California Unemployment Insurance Code section 322.

RA Declined to Sign  
Consent Authorization \_\_\_\_\_  
APPOINTING AGENCY REPRESENTATIVE SIGNATURE PRINT NAME

**TO BE COMPLETED BY EDD**

Were UI benefits paid to the above individual in the last 12 months?  
 YES  NO If yes, date last paid: \_\_\_\_\_ For week ending: \_\_\_\_\_

If yes, base period employer names:

S  
T  
A  
M  
P  
DATE RECEIVED BY EDD

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