

To:

Employment Security Commission  
Attn: Legal Department  
PO Box 25903  
Raleigh, NC 27611

Re: Release of Information Request

Full Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Information requested: (1) Benefit Payment History for last 12 months  
(2) Wage History File for last 12 months

Please mail information to address listed above. Enclosed is payment of \$15.00 for the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date