

**CLICK HERE TO PASTE LETTERHEAD**

**TO: EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)  
Unemployment Insurance Division, MIC 40  
P.O. Box 826880  
Sacramento, CA 94280-0001**

**EDD FAX No.: 916-319-1486**

**WIOA UI - DATA CONSENT AUTHORIZATION FORM**

**ALL OF THE FOLLOWING ENTRIES MUST BE COMPLETED**

**COMPLETED BY CUSTOMER**

I, \_\_\_\_\_, authorize the Employment Development Department  
PRINT OR TYPE CUSTOMER'S FULL (FIRST, MI, LAST) NAME AUTHORIZING THE RELEASE OF THE UI INFORMATION

to release a copy of the following records pertaining to my Unemployment Insurance (UI) information:

- Total dollar amount of wages by quarter as reported by my former employers for the last three completed quarters.
- Beginning and ending dates of most recent valid UI claim and claim award (weekly and maximum benefit amount), claim balance, and whether I have exhausted my benefits.
- Last employer name and address, last date worked, and whether laid off due to lack of work.

I also authorize the Workforce Innovation and Opportunity Act (WIOA) entity referenced below to use my EDD information for purposes related to my eligibility under the WIOA, *Public Law 113-128*, for the Dislocated Worker Program and other WIOA services or programs. This Authorization shall remain in effect for 12 months from the date signed below.

**CUSTOMER SELECT ONE:**  
**TRANSMIT MY CONSENT AND UI INFORMATION VIA:**

U.S. Mail (with original consent form to EDD.)

Fax to the EDD number listed above and to the Subrecipient's number according to the Location Code.

**NOTE:**

- A Fax or a photocopy of this form is deemed as valid as the original Consent Authorization.
- Personal Information transmitted via fax (a public network) may not be protected against unauthorized access while in transit.

**CUSTOMER'S SIGNATURE:** \_\_\_\_\_

**SIGNATURE DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **CUSTOMER'S SSN:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**COMPLETED BY THE SUBRECIPIENT CASE WORKER**

I certify under penalty of perjury that the original copy of this Consent Authorization was signed and dated by the individual who is the subject of this request and available for EDD inspection upon request. It will be made part of the case file.

<b>LOCATION CODE</b>

\_\_\_\_\_  
SUBRECIPIENT NAME

\_\_\_\_\_  
NAME OF CASE WORKER TO WHOM RECORDS ARE TO BE SENT

\_\_\_\_\_  
REQUESTING SUBRECIPIENT CASE WORKER SIGNATURE

(   ) -      / /  
SUBRECIPIENT CASE WORKER PHONE NUMBER      SIGNATURE DATE

**INSTRUCTIONS:**  
 Submit on Subrecipient letterhead and complete all entries. Forms with blank fields will not be processed. Please note: The EDD response will include the customer's name and only the last four numbers of the social security number pursuant to Civil Code Section 1798.29.

**CONFIDENTIALITY NOTICE:**

- The disclosure of your social security number is voluntary. However, since most EDD records are filed by social security number, the EDD may be unable to locate any or all of the records requested without it.
- This notices is for the sole use of the intended recipients. It contains confidential information. Under Penal Code 502 and Civil Code 1798.53 any unauthorized review, use, disclosure, or distribution of the content of this document is prohibited and subject to criminal penalties/fines.
- If you are not the intended recipient of document, please return it to the originating agency.

## SUBRECIPIENT INSTRUCTIONS FOR WIOA UI DATA CONSENT AUTHORIZATION FORM (WIOA UI DCAF)

### STEPS FOR PREPARING WIOA UI-DCAF TEMPLATE

1. Print WIOA UI-DCAF template on subrecipient letterhead paper.
2. Customer and subrecipient caseworker must complete all designated entries.
3. Customer and subrecipient caseworker must sign and date form.
4. Form must include LOCATION CODE assigned to subrecipient requester.
5. Submit form via fax or U.S. mail depending on customer's choice to the UI address or fax number on the top of the WIOA UI-DCAF.
6. If mail method is selected, mail original consent form to UI address on top of form.  
Keep a copy of form in the customer's case file.
7. The subrecipient is responsible for reporting any changes or updates to the subrecipient fax phone numbers or subrecipient mailing address to the Central Office Workforce Services Division as indicated in the directive. Illegible or incomplete forms will be returned to the requester.

FIELDS ON FORM	REQUIRED DATA
CUSTOMER'S NAME	Type or legibly print the customer's first, middle initial and last name. Include any additional name(s) used by customer within the last two years while working and/or to file an Unemployment Insurance claim.
CUSTOMER SIGNATURE	Must be the customer's complete signature. No initials.
SIGNATURE DATE	Actual date the customer signed this form.
CUSTOMER SSN	Type or legibly print the customer's Social Security Number.
TRANSMIT MY UI INFORMATION VIA	Select one box only with an "X". Customer must select the method this form must be submitted to UI.
SUBRECIPIENT NAME	Type or legibly print the full name of the subrecipient requesting the information.
SUBRECIPIENT CASEWORKER NAME	Type or legibly print the name of the subrecipient caseworker to which data requested is to be sent.
SUBRECIPIENT CASEWORKER SIGNATURE	Signature of the subrecipient caseworker requesting the data. No initials.
SUBRECIPIENT CASEWORKER PHONE NUMBER	Contact phone number for subrecipient caseworker.
SIGNATURE DATE	Actual date the subrecipient caseworker signed the form.
SUBRECIPIENT LOCATION CODE	Identification code assigned to the subrecipient office requesting the data based on county and office location.

To: Program Support Unit  
 Central Office Workforce Services Division, MIC 50  
 Employment Development Department  
 Mail: P.O. Box 826880  
 Sacramento, CA 94280-0001  
 Fax: 916-654-7921  
 Email: [WARNNotice@edd.ca.gov](mailto:WARNNotice@edd.ca.gov)

**REQUEST TO ASSIGN OR CHANGE LOCATION CODE**

DATE OF REQUEST \_\_\_\_\_

NAME OF SUBRECIPIENT \_\_\_\_\_

NAME OF REQUESTOR \_\_\_\_\_

PHONE NUMBER OF REQUESTOR \_\_\_\_\_

LOCATION CODE (SUBRECIPIENT CODE – 00):	ADDRESS RESPONSE CAN BE SENT TO:	FAX NUMBER RESPONSE CAN BE SENT TO:	ADD, DELETE, CHANGE
____ - ____			
____ - ____			
____ - ____			
____ - ____			
____ - ____			
____ - ____			
____ - ____			
____ - ____			
____ - ____			
____ - ____			

**Add** = New Location Code, address and fax number.  
**Delete** = Delete Location Code and corresponding address and fax number.  
**Change** = Location Code previously assigned remains the same, but change is made to address or fax number or both.

\_\_\_\_\_  
 Authorized Signature of Requestor Date

\_\_\_\_\_  
 Authorized Signature of Subrecipient Administrator Date