

Request for Personnel Records and Release Authorization Form

Company Name: _____

Address: _____

Attention: _____

Dear Employer:

I hereby request copies of any and all files, records, or documents including pay records that you have concerning or referring to me within **5 business days** pursuant to Section 52C of chapter 149.

(DECIDE whether to have them sent to client directly or not.) Please send copies of these records to my legal representative, _____ of Greater Boston Legal Services, 197 Friend Street, Boston, MA 02114.

Name: _____

SS#: _____

Address: _____

Signature: _____

Date: _____

[Date]

Karen Pare
Keeper of the Records
Division of Unemployment Assistance
19 Staniford Street
Boston, MA 02114

Re: Claimant, SS# xxx-xx-1234

Dear Ms. Pare:

Kindly send me all documents at the Division of Unemployment Assistance pertaining to [Claimant's] claim for unemployment insurance benefits. I have enclosed a signed release.

Thank you for your attention to this matter.

Sincerely

[Advocate]

Enc (1)

Cc: Client