



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
PRINT YOUR NAME

Fold Here

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:

TO:

	Appointing entity must include a stamped self-addressed return envelope with each request.
NAME AND TITLE	
STATE AGENCY	
MAILING ADDRESS	

CITY, STATE, AND ZIP CODE

Fold Here

Date: _____ Signature: _____
MONTH/DAY/YEAR RETIRED ANNUITANT SIGNATURE

(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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