

AFFIDAVIT AND POWER OF ATTORNEY FOR CLAIMANT

INDIVIDUAL'S INFORMATION (CLAIMANT)			
Name:		SSN:	
Address:			
City:		State:	Zip:
Telephone Number:		Alternate Telephone Number:	
RECIPIENT'S INFORMATION			
I hereby authorize Iowa Workforce Development to release any of my personal and/or business information concerning my unemployment insurance claims, accounts or any other pertinent information regarding my interactions, past or present, with Iowa Workforce Development.			
I further designate the below-named individual as my attorney-in-fact, with power and permission to act on my behalf, including negotiating or making agreements as my agent and representative.			
Name:			
Company (if applicable):			
Address:			
City:		State:	Zip:
Telephone Number:		Alternate Telephone Number:	
INDIVIDUAL'S (CLAIMANT) AUTHORIZATION			
I declare this designation to: <input type="checkbox"/> Expire on: _____ <input type="checkbox"/> Expire only upon written notice from me <i>(check one box)</i>			
_____		_____	
Individual's (Claimant) Signature		Date	
NOTARY ACKNOWLEDGEMENT			
State of _____		County of _____	
This record was signed and sworn before me on _____			
by _____			Date
<i>Print Name</i>			
_____		_____	
<i>Seal/Stamp</i>		Notary Signature	

Affidavit and Power of Attorney for Claimant 60-0221 (10-2019)

Phone: Tax: (888) 848-7442 Claims: (866) 239-0843 | Email: uifraud@iwd.iowa.gov, uicclaimshelp@iwd.iowa.gov
 www.iowaworkforcedevelopment.gov

Equal Opportunity Employer/Program
 Auxiliary aids and services are available upon request to individuals with disabilities.
 For deaf and hard of hearing, use Relay 711.