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**California Unemployment Insurance Appeals Board  
San Diego Office of Appeals**

**AUTHORIZATION  
DISCLOSURE OF INFORMATION**

**DATE:**

**CLAIMANT:.**

**EMPLOYER:**

**CASE NUMBER:**

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I hereby authorize the California Unemployment Insurance Appeals Board to speak with \_\_\_\_\_ (person), my \_\_\_\_\_ (relationship) regarding:

the issues under appeal for the above case number.

**or**

(information requested) \_\_\_\_\_

This request is made for the purpose of \_\_\_\_\_

This authorization expires on \_\_\_\_\_

**or**

This authorization expires when a decision in this case has been rendered unless otherwise revoked in writing before the date.

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Print your name

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Your signature

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Date