State of Illinois
Department of Employment Security 33 South State Street, Chicago, IL 60603-2802

Authorization for Information under the Illinois Unemployment Insurance Act

Account No. _____

Employer _____

located at _____ (____) _____
(Street Address, City, State, Zip Code) Telephone Number

E-mail address _____

hereby authorizes _____

located at _____ (____) _____
(Street Address, City, State, Zip Code) Telephone Number

E-mail address _____

as its Representative, to receive any and all information requested by its Representative pertaining to said Employer's liability for payment of contributions, interest and penalties under the Illinois Unemployment Insurance Act, until such time as such authorization is terminated. This authorization has no effect on any other Power of Attorney or authorization filed with the Department of Employment Security and will have no effect on the address of record for any Department mailings to the Employer, unless accompanied by a completed Unemployment Insurance Special Mailing Form (Form UI-1M).

I certify that I have the authority to authorize the disclosure of otherwise confidential information on behalf of the Employer. I understand that my representative shall be provided information only to the extent that it is requested for one of the purposes set forth in Section 1900 of the Illinois Unemployment Insurance Act [820 ILCS 405/1900].

_____
Name of Employer

By _____
Signature

Title _____

Date _____