



MONTANA DEPARTMENT OF LABOR AND INDUSTRY
RELEASE OF INFORMATION

Employee Name: _____ Social Security # _____

Employer Name: _____

I hereby authorize the Dept. Human Services, Dept. of Corrections, Dept. of Vocational Rehabilitation, Dept. of Veterans Administration and Dept. of Social Security Administration or any other agencies, organizations or individuals to supply such verification as may be needed to determine eligibility for Work Opportunity Tax Credit to the Montana Department of Labor and Industry; 1315 Lockett; Helena, Montana 59601; Telephone # 406-444-9046 or 800-726-0615.

Employee Signature _____ Date _____