



Governor Steve Bullock  
Commissioner Pam Bucy

# Montana Department of **LABOR & INDUSTRY**

**Workforce Services Division**  
Statewide Workforce Programs and Oversight Bureau

## **MONTANA DEPARTMENT OF LABOR**

### **RELEASE OF INFORMATION**

**Employee Name:**

**Social Security #**

**Employer Name:**

I hereby authorize the Dept. Human Services, Dept. of Correction, 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, 1327 Lockey Helena, Montana 59601, Telephone # 406-444-9046 or 800-726-0615.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



1315 E. Lockey • P.O. Box 1728, Helena, MT 59624-1728  
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