



**MONTANA DEPARTMENT OF LABOR AND INDUSTRY**  
**RELEASE OF INFORMATION**

Employee Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer Name: \_\_\_\_\_

I hereby authorize the Montana Dept. of Human Services, Dept. of Corrections, Dept. of Vocational Rehabilitation, Dept. of Veterans Administration, and the Dept. of Social Security Administration or any other agencies, organizations or individuals to supply such verification as may be needed to determine eligibility for the Work Opportunity Tax Credit to the Montana Department of Labor and Industry at P.O. Box 1728 Helena, MT. 59624-1728

Contact by phone; 406-444-6147

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