



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
EMPLOYMENT INSURANCE AGENCY
WOTC UNIT
P.O. BOX 8067
ROYAL OAK, MI 48068-8067
INTERNET: www.michigan.gov/uia



**VETERAN AUTHORIZATION FOR RELEASE OF INFORMATION
TO THE WORK OPPORTUNITY TAX CREDIT (WOTC) PROGRAM**

NEW HIRE's NAME (PLEASE PRINT or TYPE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CURRENT ADDRESS	CITY & STATE	ZIP CODE
EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER FEIN

VETERAN AUTHORIZATION FOR RELEASE OF MILITARY INFORMATION

(Complete this section only if seeking WOTC eligibility confirmation under a veteran target group.)

I hereby authorize the Department of Veteran Affairs (DVA) to provide to Michigan's Unemployment Insurance Agency (UIA) the beginning and ending dates of my active duty. If I was on active duty less than 180 days, I authorize DVA to disclose whether the discharge/release was for a service-connected disability. I understand that this information will be used to verify my eligibility under the WOTC program so that my employer will have the opportunity to receive a tax credit for hiring me.

NEW HIRE'S SIGNATURE	DATE SIGNED
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DISABLED VETERAN MEDICAL RELEASE AUTHORIZATION

(Complete this form only if seeking WOTC eligibility confirmation under the disabled veteran target group.)

I hereby authorize the DVA to release that I am collecting compensation for a service-connected disability rating of 10 percent or greater to Michigan's UIA. I understand that this information will be used to verify my eligibility under the WOTC program so that my employer will have the opportunity to receive a tax credit for hiring me.

NEW HIRE'S SIGNATURE	DATE SIGNED
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This form can be mailed to the address in the letterhead or faxed to 313-456-2132.

Please direct questions to the WOTC Unit at 313-456-2105 or within Michigan at 800-482-2959.