



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
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<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p align="center">Petitioner(s),</p> <p align="center">v.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <p align="center">Respondent(s)</p>	<p>Case No(s).: _____</p>
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Authorization to Release Case Files

Information regarding recipients of unemployment insurance and other public benefits is protected by federal and District of Columbia law. The Office of Administrative Hearings (OAH) will not release information contained in your unemployment insurance or public benefits case file without your written permission, except to you or your attorney, or the other party to the case and that party's attorney. By completing this form, you are giving permission for OAH to release protected information in your case file.

I, _____, hereby authorize OAH to release:

Any and all pleadings, court orders, and other documents contained in the file(s) for the above case number(s).

OR

The following specific documents contained in the file(s) for the above case number(s):

I authorize release of the identified information and documents **ONLY** to the following individual(s):

I understand that I may revoke this authorization at any time by providing OAH with a written request to no longer share the information contained in my case file.

Signature: _____ Date: _____