



WOTC UNIT
 33 S. State Street- 10th Floor
 Chicago, IL 60603

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

Name of New Hire	Social Security Number	Date of Birth
Current Address	City & State	Zip Code
Employer Name	Employer Address	Employer Fein

**VETERAN AUTHORIZATION FOR RELEASE OF MILITARY SERVIC INFORMATION
 (Complete this section only, if seeking WOTC eligibility confirmation under a Veteran Target Group)**

I hereby authorize the U.S. Department of Veteran Affairs (DVA) to disclose and release to the Illinois Department of Employment Security (IDES), the beginning and ending dates of my Active Duty. If I was on active duty for less than 180 days, I hereby authorize the DVA to disclose and release to IDES information regarding whether my discharge/release was for a service-connected disability. I understand that this information will be used to verify my eligibility under the Work Opportunity Tax Credit (WOTC) program in order for my employer to receive a tax credit for hiring me.

New Hire's Signature	Date signed
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**DISABLE VETERAN MEDICAL RELEASE AUTHORIZATION
 (Complete this section only if seeking WOTC eligibility confirmation under the disabled veteran target group)**

I hereby authorize the DVA to disclose and release to IDES information regarding the percentage (%) of my compensation entitlement for Service-Connected Disability from the State of Illinois. I understand that this information will be used to verify my eligibility under the WOTC program in order for my employer to receive a tax credit for hiring me.

New Hire's Signature	Date signed
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You may mail this form to WOTC UNIT, 33 S. State Street- 10th Floor, Chicago, IL 60603, or fax to: 312-793-5151. For more information, please contact John Waters, IDES WOTC Coordinator, at 312-793-2913 or John.M.Waters@Illinois.gov.