



Middlesex County Revitalization Commission

EXHIBIT B: Authorization for the Release of Company Information

I, _____ agree that the Connecticut Department Labor may disclose information pertaining to

_____ (the Company), such as employer name, address, and number of employees, by facility location, to the Middlesex County Revitalization Commission (MCRC). This authorization pertains to the following locations and their related Unemployment Insurance Number (UI #) (attach additional sheets, if necessary):

Company Name	Location	UI #

I further agree that MCRC may, in turn, disclose such information to the Connecticut General Assembly and Auditors of Public Accounts as part of its reporting requirements pursuant to Connecticut General Statute 32-1m, as may be amended or modified. In addition, I understand that this information may be utilized for purposes of performing employment reviews and research related activities conducted by MCRC.

I understand that this authorization may be revoked at any time, except to the extent that action has already been taken in reliance on it. However, I understand that revocation of this authorization may result in default under my tax credit allocation with MCRC. This authorization will expire upon the Company's fulfillment of its contractual obligations with MCRC and MCRC's fulfillment of its reporting requirements pursuant to Connecticut General Statute 32-1m, as may be amended or modified.

Name (Print or Type)

Title

Signature

Date