

## Idaho Business Directory

### INFORMED CONSENT RELEASE

*As required by Idaho Code §§ 72-1333 and 72-1342, IDAPA 09.01.08.013.01 and 20 CFR part 603:*

**Name of Business:** \_\_\_\_\_, I consent to have my business included in the publicly available Idaho Business Directory and to the release of the following specifically identified information to be included as part of any publication\* produced by the Idaho Department of Labor:

Business name	Employment range
City or county where the business is situated	Contact telephone number
NAICS – industry description	

**The release of the information specified above will provide the following services or benefits for my business:**

Publishing my business by category both in print and on the Internet in the Idaho Business Directory and any publication\* produced by the Idaho Department of Labor will increase the visibility of my business to a larger pool of job applicants. It will also allow my business to be included in responses to inquiries about the availability of products and services in the community and expand the opportunity for additional sales.

**I acknowledge that the Idaho Department of Labor's files will be accessed only to obtain the confidential information described in this release. This release is valid until revoked in writing.**

**Authorized by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*The business directory and a list of publications can be found at the Idaho Department of Labor's labor market information Web site: [lmi.idaho.gov](http://lmi.idaho.gov) For questions concerning this form, contact: Idaho Department of Labor, Communications & Research Division at 332-3571 inside the Boise calling area or (800) 772-2553 outside the Boise calling area or e-mail at [lmi@labor.idaho.gov](mailto:lmi@labor.idaho.gov). **It's Free! There is no cost for listing your business.**

***Please provide the following information including Notary Signature.***

Business Name: \_\_\_\_\_ Unemployment Insurance Account Number: \_\_\_\_\_

Physical Business Address: \_\_\_\_\_

Business Contact Phone Number: \_\_\_\_\_ Business Web site Address: \_\_\_\_\_

STATE OF IDAHO )  
 ) ss.  
 County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, \_\_\_\_\_, a Notary Public in and for the state of Idaho, personally appeared \_\_\_\_\_, known or identified to me to be the person who executed this foregoing Informed Consent Release and acknowledged that he, she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Residing at \_\_\_\_\_ Idaho  
 My Commission expires \_\_\_\_\_

**Please fax this form to (208) 334-6455.**