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IDENTITY VERIFICATION – LAW ENFORCEMENT OFFICE

K-FRD 102 (4-21)

Information collected on this form is for identification of a claimant for unemployment compensation benefits. Once completed this form is confidential pursuant to K.S.A. 44-714(e) and K.A.R. 50-4-2. Unauthorized disclosure of the completed form may result in civil and criminal penalties.

lame: Social Security number:				
Address:		City:	State:	ZIP
Date of Birth:	Phone:		Email:	
Section B (completed by Law Enfor location of the claimant's residence chaving jurisdiction over those location Secretary of Labor approves such su	or last known place ns have declined t	e of employment in k o participate, then b	Kansas, or if all Kans y a participating law	as law enforcement agencies
I,identification and have checked the b the federal <u>Form I-9 requirements</u> (S				ith the following forms of wo of the forms below based
Driver's license or identification photograph or information include				
 I.D. card issued by federal, state information including information 				
School I.D. with photograph	U.S. Mili	tary or draft record	U.S. Passpo	ort or U.S. Passport Card
Voter registration card	Military o	lependent's I.D. card	d Permanent l	Resident card
Native American Tribal documer	nt 🔲 U.S. Coa	st Guard Merchant	Mariner Document (I	MMD) card
Driver's license issued by a Can	adian government	authority		
Acceptable documents for individuals	s under the age o	f 18 who are unable	to present a docum	ent listed above:
School record or report card	Clinic, doctor	or hospital record	Day care or	nursery school record
For minors under the age of 18 and of documents, special notations may be documentation can be found at: https	used in place of	a List B document of	f the I-9 form. À com	plete list of acceptable
Section C - Benefit Payment Informa	ation		MEMO	
	Debit Card sent to the above address			
Direct Deposit			123456789 123456789123 1 0001	
Bank Routing no.			Danting North an	Account Number Check Number
Acct. no			Routing Number /	Account Number Check Number
Claimant Certification: I certify that intentional misrepresentation or failuland any other penalties available und	re to disclose a ma	aterial fact is punisha		
Printed name:	8	Signature:		Date:
LEO Certification:				
Printed name:		Title		
Signature:				
Phone Number:				
	Law Enforcement Agency Name:			