

(STATE AGENCY IDENTIFICATION)  
REQUEST FOR ADDITIONAL INFORMATION

<b>1. State Agency Address:</b>	<b>2. Federal Agency Name, 3 Digit Agency Code, and Address:</b>
<b>3. Local Office/Call Center ID:</b> <b>4. Date of Request:</b> <b>5. Effective Date:</b> <b>6. Separation Date:</b>	
<b>7. Claimant=s Name (Last, First, Middle Initial)</b>	<b>8. Social Security Number</b>
<b>9. State Agency Statement or Questions of Federal Agency:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
<b>10. Federal Agency Response:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____	
<b>11. Signature of Official</b> _____ <b>Title:</b> _____ <b>Print Name:</b> _____ <b>Telephone:</b> (    ) _____ <b>Date:</b> ___ / ___ / ___	
ETA-934 (Revised 1/2003)	