



## AUTHORIZATION FOR RELEASE OF INFORMATION

Student/Participant Name \_\_\_\_\_

Student ID \_\_\_\_\_

I, (student name) \_\_\_\_\_ authorize People for People to provide site supervisors (WEX employer) and South Central Workforce confidential information as it relates to my 504 Plan or Individual Educational Plan (IEP) only to the extent to assist them in providing me with pre-employment transitional services.

I understand it is my right to withhold authorization. I also understand that I may cancel this authorization in writing, at any time, except to the extent that the holder of information/records has already taken action in reliance on the authorization. I have received a copy of this release.

I further authorize the South Central Workforce and their contractor to place my program application and information in a common data bank (Data Base System), excluding detailed medical information, which shall be accessible by other service agencies providing applicable services.

This release takes effect upon the date of signature below, and will remain in effect for up to one year after my exit from program. I understand that this information will be kept confidential as defined by the federal, state, and local regulations. I also understand that I can withdraw this release of information at any time by submitting a written request to the South Central Workforce or their contractor.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature, if under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date