AUTHORIZATION FOR RELEASE OF INFORMATION

South Central Workforce
1205 Ahtanum Ridge Dr., Suite B
Union Gap, WA 98903
People for People (509) 248-6726
People for People FAX (509) 249-4287
Email: reception@pfp.org

Applicant/Participant Name_____

Social Security Number_____

I, _____ authorize employers, schools and other service providers to release information to the South Central Workforce and their contractor _____to assist them in providing me with services including training, employment, relocation assistance and/ or follow-up services.

I understand it is my right to withhold authorization. Withholding consent will in no way affect my eligibility for services. 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. This consent form does not release medical, HIV/AIDS related information or Alcohol/Drug related information. 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 (Online Data Base System), which shall be accessible by other service agencies providing applicable services.

I authorize the South Central Workforce and their contractor to have access to wage and employment information from my employers and through the Unemployment Insurance System. The use of information shall be for the purpose of planning and providing me with services and meeting program standards.

I authorize the South Central Workforce and their contractor to have access to my enrollment records from any schools I am associated with. The information will be used to track and report my education placement, which is part of the program requirements.

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 the age of 18)	Date
Contractor Representative Signature	Date