

# Consent for Release of Information

By signing this form, you are providing your consent for Workforce Development, Inc. (WDI) to exchange information and/or records with the agencies and/or persons listed below. Without your consent, we cannot release or obtain information to/from agencies or individuals.

Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_\_\_

**I am releasing this information so Workforce Development, Inc. can:**

- |   |   |
|---|---|
| <input type="checkbox"/> Determine eligibility for services | <input type="checkbox"/> Assist in finding employment |
| <input type="checkbox"/> Assist in community resources      | <input type="checkbox"/> Monitor progress in plan     |
| <input type="checkbox"/> Check employment                   | <input type="checkbox"/> Other _____                  |

<b>1) Agency/individual to exchange information to/from:</b> _____ <b>Contact person</b> _____ <b>Phone Number</b> _____
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<b>2) Agency to exchange information to/from:</b> <u>Workforce Development, Inc.</u> <b>WDI Staff</b> _____ <b>Phone Number</b> _____
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**Information to be released – check the boxes that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Social services case summaries     | <input type="checkbox"/> Grade transcripts                    |
| <input type="checkbox"/> Vocational assessments             | <input type="checkbox"/> Psychological test summaries         |
| <input type="checkbox"/> Financial aid information          | <input type="checkbox"/> Mental health documentation/opinions |
| <input type="checkbox"/> Employer/wage detail               | <input type="checkbox"/> Medical documentation/opinions       |
| <input type="checkbox"/> Parole/probation information       | <input type="checkbox"/> School payment information           |
| <input type="checkbox"/> Copy of diploma/certificate degree | <input type="checkbox"/> Attendance records                   |
| <input type="checkbox"/> Pearson Vue Testing results        | <input type="checkbox"/> Other _____                          |

I have been informed of the intended purpose and use of the information that will be released. My signature on this document acts as a waiver of any claim I might assert against WDI for any action that may result from the release of any information.

Signature	Date	Parent/Guardian Signature (if under 18)	Date
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Workforce Development, Inc. Staff Signature	Date
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An Equal Opportunity Program  
Auxiliary aids and services available upon request  
This material is available in alternate formats such as Braille,  
Large Print or Audio Tape