

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# XXX-XX-_____

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 _____ |

1) Agency/individual to exchange information to/from: _____
Contact person: _____ **Phone Number** _____

2) Agency to exchange information to/from: Workforce Development, Inc.
WDI Staff _____ **Phone Number** _____

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"/> National Student Clearinghouse |
| <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. I understand this release is valid for one year after completion/termination of the program but may be withdrawn by me at any time by my written request.

Signature Date Parent/Guardian Signature (if under 18) Date

Workforce Development, Inc. Staff Signature Date

Workforce Development, Inc. is an Equal Opportunity Employer/Service Provider.
 This information is available in alternative formats for people with disabilities by calling 507.292.5180 or by using your preferred relay service.