



Workforce Innovation & Opportunity Act (WIOA) Program

Serving Burke, Jefferson, Jenkins and Richmond Counties

AUTHORIZATION TO SHARE AND RELEASE INFORMATION

Print Name: _____

Date: _____

I authorize representatives of the **WorkSource CSRA a Division of the CSRA Regional Commission** to share information listed below with employers and with all workforce partners and public agencies from which I receive assistance or with agencies from which I may request assistance or to which I may be referred by **WorkSource CSRA** for assistance.

Information which may be shared includes:

- ☐ Assessment Results
- ☐ Individual Service Strategy (ISS)/Individual Employment Plan (IEP)
- ☐ Public Assistance/Income Verification
- ☐ Employment Verification

I authorized the release of the following to the representatives of WorkSource CSRA:

- ☐ School Records, including attendance, grades, test records/results and date of graduation
- ☐ Work History, employment records, including start and end dates of employment, wages paid, and reasons for termination, positions held and Supervisor's Name(s).
- ☐ Verification of Public Assistance
- ☐ Employment References

All information I hereby authorize to be obtained from this agency will be held in strict confidence and cannot be released by the recipient(s) without my written consent.

This Authorization to Share and Release Information is valid for the period necessary to complete all transactions on accounts related to services provided to me.

I understand that unless otherwise limited by State or Federal Regulations, and except to extent that the action has been taken which was based on my consent, I may withdraw the consent at any time.

WIOA Customer's Signature: _____ **Date:** _____

Parent's/Legal Guardian's Signature: _____ **Date:** _____

(Parent/Legal Guardian Signature is required if the customer is under the age of 18)

WIOA Staff Signature: _____ **Date:** _____

USE THIS SPACE ONLY IF CUSTOMER WITHDRAWS CONSENT

Date this consent is revoked by Customer: _____

Signature of Customer: _____