

Release of Information

To be completed in applicant's own Handwriting.

All names must be written as they appear on social Security Card.

I, _____, DOB _____ Age _____ Last four of SSN _____
Address _____

do hereby authorize any agency, office, group, organization, landlord, or business firm to release to the South Central Workforce Investment Board any information which is deemed necessary to complete my application for participants, maintain my continued eligibility, and/or increase my opportunity for success in the programs of the South Central Workforce Investment Board. These organizations include, but are not limited to: Financial Institutions, Child Support Payers, Division of Workforce Development, Past or Present Employers, Past or Present Landlords, Social Security Administration, Family Support Division, Veteran's Administration, Utility Companies, Workers Compensation Payers, Hospitals, Public or Private Retirement systems, Law Enforcement Agencies, Attorneys, Departments of Probation and Parole, Departments of Health, School districts, Institutions of Higher Learning, and Vocational/ Technical Schools.

I agree to hold harmless the South Central Workforce Investment Board if and/or any agency, office group, organization, or individual releasing information. I further agree that a copy of this authorization may be used as an original.

This authorization shall continue for two (2) years from the date of signature or until such time the South Central Workforce Investment Board is notified in writing by participant that the authorization is cancelled.

Applicant Signature

Date

Staff Signature

Date