

Consent for Release and Exchange of Information



NAME:	
ADDRESS:	
DATE OF BIRTH:	PHONE:
LAST FOUR OF SOCIAL:	LAST FOUR STUDENT ID:

I hereby authorize the agencies or persons *checked* below to release verbally and/or in writing my information that is relevant and necessary for the purposes of providing and receiving assistance/services of the NCWorks Career Center/Workforce Innovation and Opportunity Act (WIOA). In addition, I give my permission for the NCWorks Career Center/WIOA staff to share information with the following agencies or persons checked below as it relates to my services.

	NCWorks Career Center; WIOA; Division of Workforce Solutions/Employment Security
	Colleges/Universities: to include Caldwell Community College & Technical Institute; Mayland Community College; Wilkes Community College; Other:
	Department of Social Services programs (SNAP, TANF, Work First, Foster Care)
	Lead Educational Agency (Public Schools/Board of Education)
	NC Vocational Rehabilitation
	Housing Authority/Assistance
	Employer:
	Other:

The following types of information may be released or exchanged as it relates to my services:
<ul style="list-style-type: none">• Identifying information to include name, documentation of birth, citizenship, veteran, disability, offender status• Initial Evaluation/Intake Records; Developed Plan of Services; and Status/Progress/Outcomes of Services• School Records to Include: Enrollment Status, Schedules, Assessment Results, Academic Evaluation, Attendance, Grades, Program of Study, Completion Status/Date, Transcripts, Disability (IEP), Financial Aid/Billing, Other: _____• Employment Related Information to Include: Name of Employer, Dates, Wages, Status• Other: _____

I understand that I may choose to give or withhold consent and that I may revoke my consent in writing at any time. This consent will expire within 12 months of WIOA program completion or at my request.

_____ Participant (Print)	_____ Participant (Sign)	_____ Date
_____ If under 18, Legal Guardian	_____ Guardian (Sign)	_____ Date
Received by: _____ (NCWorks Staff Name)		_____ Date