

AUTHORIZATION OF RELEASE OF INFORMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (WIOA Participant Name)

Hereby authorize the Chicago Cook Workforce Partnership (The Partnership) and /or their contracted representatives to access information relevant to my status/progress (grades, progress reports, transcripts, certificates) in the Workforce Innovation and Opportunity Act (WIOA) sponsored employment training program.

I authorize the WIOA sponsored training provider to release relevant data to The Partnership or their representatives.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize The Partnership and/or their contracted representative to solicit relevant information regarding my previous, current, and/or future employment status. I agree to provide my name of my employer, supervisor, address, phone number, job title, hourly wage and hours per week.

I authorize my employer to release the above employment data to The Partnership or their contracted representative.

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 PARTICIPANT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PARENT/GUARDIAN SIGNATURE DATE

 (IF APPLICABLE)

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 NAME OF AGENCY