

NORTHWEST PARTNERSHIP FOR WORKFORCE DEVELOPMENT AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, Social Security Number _____, authorize the agencies I have initialed below to share employment, unemployment and training related information among the agencies I have initialed. The information shall only be shared for the purposes of providing me employment and training related services. Other use of my confidential information is prohibited by law.

INITIAL	Agencies	Specify Information to be Shared
_____	Skagit Valley College	_____
_____	Bellingham Technical College	_____
_____	Whatcom Community College	_____
_____	Employment Security Department	_____
_____	Department of Social and Health Services/CSO	_____
_____	Workforce Development Council	_____
_____	Community Action Agency/Opportunity Council	_____
_____	Division of Vocational Rehabilitation	_____
_____	Job Corps	_____
_____	Opportunities Industrialization Center	_____
_____	Other	_____

I understand it is my right to withhold authorization. Withholding consent will in no way affect my eligibility for services. I also understand that I may cancel this authorization in writing, at any time, except to the extent that the holder of information/records has already taken action in reliance on the authorization.

This consent form does not release medical, HIV/AIDS related information or Alcohol/Drug related information.

Signature of Client

Today's Date

Signature of Parent or Guardian

Specified Expiration Date

I have received a copy of this release. _____
client initials

Agency Contact

Agency

Job Title