

## Authorization and Consent for Release of Information

*Per CTDOL WIOA Administration, this form is to be given to every person seeking WIOA-funded services in order to access such person's confidential data to determine eligibility for participation in WIOA programs.*

<b>Date</b>	
<b>Name</b>	
<b>SSN</b>	XXX-XX-_____

I hereby authorize the release of the information indicated below to:

<b>Organization</b>	Career Resources, Inc.
<b>Address</b>	249 Thomaston Avenue, Waterbury, CT 06702

for the purpose of determining and verifying my eligibility for participation in the Workforce Innovation and Opportunity Act (WIOA) or other NRWIB job training programs.

**Check off all that apply:**

<input type="checkbox"/>	demographics		employment information, including: <ul style="list-style-type: none"> <li>• <i>employer name and address</i></li> <li>• <i>employment start and end dates (as applicable)</i></li> <li>• <i>earnings (rate of pay)</i></li> <li>• <i>hours assigned per week</i></li> <li>• <i>total quarterly earnings)</i></li> <li>• <i>job title</i></li> <li>• <i>fringe benefits (including health insurance, retirement, paid time off)</i></li> </ul>
<input type="checkbox"/>	income		
<input type="checkbox"/>	unemployment insurance information		
<input type="checkbox"/>	SNAP (food stamps)		
<input type="checkbox"/>	TANF		
<input type="checkbox"/>	Social Security Disability		
<input type="checkbox"/>	Social Security		
<input type="checkbox"/>	School grades, transcripts and/or diplomas		
<input type="checkbox"/>	School PPTs		
<input type="checkbox"/>	School attendance		
<input type="checkbox"/>	Financial Aid and Billing Status		
<input type="checkbox"/>	Medical or Health information		
<input type="checkbox"/>	<b>Other:</b>		
	<i>Indicate other category of information sought, here:</i>		

I fully understand the above-stated information and consent to the release of the indicated information. This authorization remains in effect unless revoked in writing by me.

<b>Signature</b>	
<b>Date signed</b>	

**If the applicant is a minor, parent or legal guardian must sign here:**

<b>Name</b>	
<b>Relationship</b>	
<b>Signature</b>	
<b>Date signed</b>	