RELEASE OF INFORMATION AUTHORIZATION – PARTNERS

☐ Danbury Office
Career Resources
185 Main St, Danbury 06810
(203) 730-0451
FAX: (203) 730-1650

☐ Torrington Office
Career Resources
215 Hogan Dr, Torrington 06790
(475) 233-4001
FAX: (860) 496-3510

☐ Waterbury Office
Career Resources
249 Thomaston Ave, Waterbury 06702
(203) 574-6971 or (475) 233-4001
FAX: (203) 573-8951

I, _____, XXX-XX-_____,
Print Name Last 4 digits of Social Security Number

authorize **Career Resources, Inc.** to share information regarding my eligibility, participation, and progress as needed to support the goals of the **Workforce Innovation and Opportunity Act (WIOA) Program**. This information may be shared with the **Northwest Regional Workforce Investment Board (NRWIB)** and the following **Workforce Investment System Partners**:

- Connecticut Department of Labor
- Department of Social Services
- Department of Economic and Community Development
- Naugatuck Valley Community College
- Northwestern Connecticut Community College
- Bureau of Rehabilitation Services
- Board of Education and Services for the Blind
- American Job Center
- CT Job Corps Center
- Career Resources, Inc.
- Bureau of Career & Adult Education

Shared information may include, but is not limited to, eligibility documentation, training participation and completion, employment placement, and up to **12 months of follow-up after entering employment**.

I understand that this information will be used **solely for program administration, coordination, reporting, and follow-up purposes**, and will be **kept confidential** in accordance with federal and state privacy laws. I may **revoke this authorization in writing at any time**, except to the extent that information has already been shared under this release.

_____ _____
Signature Date