

Authorization to Obtain Information

In the course of providing employment assistance, other agencies/organizations may require access to your personal information. Please review and **initial the boxes by all that apply**:

I authorize the Arkansas Workforce Centers to release and/or provide on a need-to-know basis, to one or more of the agencies listed below, that information which is reasonably necessary to accomplish the goals and objectives of my employment and training plan or self-sufficiency plan, unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the information is confidential and will be used only for the purposes stated on this form. I understand that those individuals that receive this information will hold it in the strictest confidence and will use it to better serve me.

I understand copies of this signed release will serve as a valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I HEREBY authorize release of the following information to the Arkansas Workforce Centers, unless the release or provision of such information is otherwise prohibited by law or regulation:

The Workforce Investment Act service provider may provide information regarding my participation in adult, youth or older worker programs.

The Department of Human Services may provide information regarding my participation in Transitional Employment Assistance (TEA) programs.

The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.

The Employment Security Department may provide information related to unemployment insurance benefit information and my participation in Workforce Investment Act employment and training programs.

The Department of Education and local school districts may provide records relating to my current and past education.

The Department of Workforce Education and affiliated training providers may provide records relating to current and past education.

The Department of Higher Education and affiliated educational institutions may provide records relating to current and past education.

Private and career training institutions may provide records relating to current and past training and education.

My current and past employers may provide information related to my employment.

As a condition to my authorization the Arkansas Workforce Centers System agrees to use the information obtained solely for purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, and helping me achieve my occupational goals. This authorization is valid until 18 months after the date of exit from my program of services. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to vocational certification. I understand that, as a condition of my receiving services, information collected by the Employment Security Department related to employer reported employment and wage records will be used for purposes of determining overall program performance.

Customer Signature

Customer Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Date

Case Manager Signature

Case Manager Name

Date