**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION AND RECORDS**

**PURPOSE OF THIS FORM**

The purpose of this form is to obtain your permission to receive your confidential information and records, including, but not limited to: name; address; telephone number; email address; social security number; date of birth; age; educational records, as described in the Family Educational Rights and Privacy Act of 1974, 20 USC 1232g; gender; race/ethnicity; employment history (e.g.: employer name, wages, work hours, etc.); financial information (such as household income and student financial aid information, including award status and amounts); and eligibility for special programs (e.g.: disability, veteran, dislocated worker, economically disadvantaged, public assistance, food stamps, or unemployment insurance programs), from the entities listed below.

Receiving your confidential information and records will allow us to better assist you in identifying and accessing employment, training, and other services available to you under the United States Workforce Innovation and Opportunity Act (WIOA), Public Law 113-128, July 22, 2014.

**PLEASE READ THE FOLLOWING CAREFULLY**

I understand that Southwest WDC is requesting my permission to share my confidential information and records in order to facilitate access to programs under the United States Workforce Innovation and Opportunity Act (WIOA), Public Law 113-128, July 22, 2014.

I understand that I am not required to give permission to share my confidential information including my social security number, educational records or financial information.

I understand that if I agree to share my confidential information and records, including my social security number, the information will be utilized for the sole purpose of enabling Southwest WDC to provide me employment and training services.

I understand that if I do not agree to share my confidential information and records, that information, and those records, will only be shared to the extent allowed by Federal and state law.

I understand that my eligibility to participate in Southwest WDC programs does not depend on my agreement to share my confidential information and records including my social security number. In fact, if I request that private and confidential information not be shared with Southwest WDC, my eligibility for services will not be affected. (RCW 50.13)

I understand that my confidential information and records may contain information regarding medical diagnosis or treatment for drug or alcohol abuse (42 CFR, Part 2).

* I, (Print Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby **consent and agree** to allow the following entities to share my confidential information and records with Southwest WDC. Confidential information and records that may be shared with Southwest WDC include but are not limited to: name; address; telephone number; email address; social security number; date of birth; age; educational records, as described in the Family Educational Rights and Privacy Act of 1974, 20 USC 1232g; gender; race/ethnicity; employment history (e.g.: employer name, wages, work hours, etc.); financial information (such as household income and student financial aid information, including award status and amounts); and my eligibility for special programs (e.g.: disability, veteran, dislocated worker, economically disadvantaged, public assistance, food stamps, or unemployment insurance programs).

Entities that may release my confidential information and records to Southwest WDC include:

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| * **WorkSource Partners** | * **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**Signature Date Seeker ID**