

Northwest Region Workforce Development Board

Release of Information Authorization & Multimedia Release

The purpose of the release of information is to provide optimum customer services through cooperative information sharing among partner agencies and information gathering from past or present employers, educators.

Information is confidential and limited to that which is needed to establish customer eligibility for Workforce Innovation Opportunity Act (WIOA), or to establish employment verification, salary, beginning or ending dates of employment, education, or training attendance/participation.

Information shared is within partner agencies only and is kept confidential.

Information obtained may be from past and/or present employers, training/education providers, or other public or private entities that may affect your eligibility for WIOA services.

Customer Release

I acknowledge that all information to be shared or gathered about me, or a minor child for which I am a parent or legal guardian, has been discussed in full with me. I understand the nature of this information, and that it will be used for program eligibility and/or verification purposes only.

I release the Northwest Region Workforce Development Board and their service provider agencies from all liability for information shared or gathered pursuant to this Release of Information Authorization. Following are individuals, educational institutions, agencies or businesses that I am allowing the exchange of information with:

I, **DO** **DO NOT** (*check one*) hereby consent to permit WIOA Program staff or designee to make videotaped, photographic, or sound recording of me. I authorize the reproduction, copyright, broadcast, exhibition, and distribution of such videotapes, photographs, and sound recording by WIOA Program staff and that they make such use thereof as they see fit. I hereby assign all rights to the videotapes, photographs, and sound recordings made of me.

My authorization for Release of Information to or from the agencies/organizations listed above and Multimedia Release is valid for 12 months from the most recent signature of my or minor child's participation in the program.

Customer Name (Printed)

Customer Signature (valid for 12 months) Date

Parent or Guardian Signature (if customer is under 18 years of age) Date

Service Provider Agency Witness Signature (valid for 12 months) Date