**Authorization and Consent For**

**Release for Information**

|  |  |
| --- | --- |
| **NAME** |  |
| **LAST 4 SSN** |  |
| **NJCOS ID** |  |

I do hereby authorize the following and their designees to obtain and/or release of the information listed below to and between:

|  |  |
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| **State Agency(s)** | **NV Department of Employment, Training and Rehabilitation, NV Department of Welfare and Support Services, NV Department of Education** |
| **LWDA** | **Workforce Connections** |
| **Service Provider** |  |

This information may be collected and used for several purposes, including but not limited to: verification of eligibility, referral provision and coordination, verification of status while actively receiving services and following services, and for program reporting, planning and evaluation purposes. In most cases, the method of soliciting this information and verifying it includes the use of your Social Security number.

**This release covers all of the listed items below:**

|  |  |
| --- | --- |
| Demographics & Prior Assessments | Employment Information, including:* *employer name and address*
* *employment start and end dates (as applicable)*
* *earnings (rate of pay)*
* *hours assigned per week (full-time vs part-time)*
* *job title*
* *fringe benefits (including health insurance, retirement, paid time off)*
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| Prior earned income |
| Unemployment Insurance information |
| SNAP (food stamps) / TANF status  |
| Social Security income |
| Financial Aid Application and Status |
| Education Information, including:* *Enrollment Documentation*
* *School Status Documentation*
* *Diploma/Certificate Documentation*
* *Attendance Records*
* *Progress Reports*
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| Test results and assessments related to math, reading, job interests, aptitudes related to my employment, training and service referral needs |
| Media:*By participating in the program, I grant these parties the right to photograph me and understand those photos may be used for promotional display.* |
| **Other:** |

I fully understand the above-stated information and consent to the release of the indicated information, including the ways in which my Social Security number can be used by the parties listed above.

This authorization remains in effect unless revoked in writing by me.

|  |  |
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| **Signature** |  |
| **Date signed** |  |

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

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date signed** |  |