

LOCAL WORKFORCE INNOVATION AREA #26

AUTHORIZATION OF RELEASE INFORMATION

EDUCATION:

I, _____ (WIOA Participant Name) hereby authorize the Local Workforce Innovation Area 26. (LWIA #26) and, or the contracted service providers Shawnee Development Council, Inc. (SDC) or Wabash Area Development, Inc. (WADI) to access information relevant to my status/progress (grades, progress reports, transcripts, certificates) in the Workforce Innovation and Opportunity Act (WIOA) sponsored employment training program.

I authorize the WIOA sponsored training provider to release relevant data to LWIB #26 or their service providers SDC and WADI for the term of one (1) year from signature date.

EMPLOYMENT:

I, _____ (WIOA Participant Name) hereby authorize LWIA #26 and their service providers SDC and or WADI to solicit relevant information regarding my previous, current, and, or future employment status. I agree to provide the name of my employer, supervisor, address, phone number, job title, hourly wage, and hours per week.

I authorize my employer to release the above employment data to LWIA #26 and or their service providers SDC or WADI for the term of one (1) year from signature date.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date