**CONSENT FOR RELEASE OF INFORMATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant**

Employment and training projects incorporate the cooperative efforts of several partners. It will be necessary to share some of the information you have provided to us and to obtain employment verification and other employment related information.

Therefore, this serves as authorization for a representative from the **Arlington Employment Center** or the **Alexandria Workforce Development Center** to **receive** and **share**:

**\_\_\_\_\_\_\_\_\_\_\_\_** Application Information

\_\_\_\_\_\_\_\_\_\_\_\_ Resume Work History and Educational Background

\_\_\_\_\_\_\_\_\_\_\_\_ Test Scores

\_\_\_\_\_\_\_\_\_\_\_\_ Training and Vocational Interest

\_\_\_\_\_\_\_\_\_\_\_\_ Certification Results

\_\_\_\_\_\_\_\_\_\_\_\_ Employment Reference Information

\_\_\_\_\_\_\_\_\_\_\_\_ Employment Verification (Company Name, Address, Start Date, Salary, Hours per week)

\_\_\_\_\_\_\_\_\_\_\_\_ School Records

\_\_\_\_\_\_\_\_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITH AND FROM**:

\_\_\_\_\_\_\_\_\_\_\_\_ Project Coordination Staff

\_\_\_\_\_\_\_\_\_\_\_\_ Training Staff/Vendors

\_\_\_\_\_\_\_\_\_\_\_\_ Internship Coordination Staff

\_\_\_\_\_\_\_\_\_\_\_\_ Employers

\_\_\_\_\_\_\_\_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I may be contacted following completion of training and up to one year after employment to confirm my continued progress and satisfaction.

I also understand that the information identified above may be reported, in aggregate, to local, state and federal agencies which administer the grant funds for these projects. The information exchanged will be used to assist in achieving training and employment goals. It will also be used to monitor overall progress of grant funded projects and provide information for continuous improvement in the future.

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Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (for minors) Date

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Employment Services Specialist Signature Date