

CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION

Last Name:	First Name:	
Mailing Address:		
City:	State:	Zip:

I authorize _____ to provide my employer with a copy of the Career Counseling, Information and Referral Document. I understand _____ will use the information for the purpose of completing Section 511 requirements as described in the Workforce Innovation and Opportunities Act (WIOA). I understand that I may cancel this authorization by sending a written request for cancellation to _____, and that the cancellation will take effect when _____ receives my written notice.

Information to be released/exchanged verbally or in writing includes; Name, 14 (c) Employer, and documentation of Career Counseling, Information and Referral conversation outcome. This information will also be kept in _____ electronic case record management system.

I understand this consent form will end one year from the date the form is signed unless I indicate an earlier date here: _____ *Indicate only if earlier date is requested.

If you have a questions about anything that is on this form, please contact _____.

Participant (print)	Participant (sign)	Date
Guardian/Legal Representative (print)	Guardian/Legal Representative (sign)	Date
IL Staff Coordinator/ (print)	IL Staff Coordinator (sign)	Date