



AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION AND RECORDS

PURPOSE OF THIS FORM

The purpose of this form is to obtain your permission to share your personal and confidential information and records, which may include your social security number, among the members of the WorkSource Partnership. By sharing your personal and confidential information and records, the WorkSource Partnership will be able to assist you in identifying and accessing employment, training and educational services.

PLEASE READ THE FOLLOWING CAREFULLY

I understand the WorkSource Partnership is requesting my permission to share my personal and confidential information and records in order to facilitate access to programs available under the Workforce Innovation and Opportunity Act (WIOA), Section 185 and Public Law 113-126, July 22, 2014.

I understand that if I agree to share my personal and confidential information and records, which may include my social security number, the information will be shared solely with members of the WorkSource Partnership and for the sole purpose of enabling members of the Partnership to provide me employment and training services.

I understand that if I do not agree to share my personal and confidential information and records, which includes my social security number, that information and those records will only be shared to the extent allowed by Federal and state law.

I understand that as a customer seeking WIOA program services from this partner WorkSource program, that by choosing not to share my personal and confidential information among the members of the Partnership, as required for federal reporting purposes (20 CFR 663.105 & 20 CFR 66.140), I will jeopardize my ability to participate in this and other WorkSource Partnership programs.

I understand that my confidential information and records may contain information regarding medical diagnosis or treatment for drug and alcohol abuse (42 CFR Part 2).

I **consent and agree** to share my records:

I, (Print Name)_____ hereby **consent and agree** that the WorkSource Partnership may share my personal and confidential information and records including, but not limited to my: name; address; telephone number; email address; social security number; date of birth; age; educational records, as described in the Family Educational Rights and Privacy Act of 1974, 20 USC 1232g; gender; race/ethnicity; employment history (e.g.: employer name, wages, work hours, etc.); financial information (such as household income and student financial aid information, including award status and amounts); and my eligibility for special programs (e.g.: disability, veteran, dislocated worker, economically disadvantaged, public assistance, food stamps, or unemployment insurance programs).

Or,

I **do not consent** to share my records:

I, (Print Name)_____ **do not agree** to share my personal and confidential information and with the WorkSource Partnership.

Signature _____ Date _____ Date of Birth _____

Pacific Mountain WDC is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Washington Relay 711