

Authorization and Consent**SOUTH BAY WORKFORCE INVESTMENT BOARD****FOR
RELEASE OF INFORMATION**

Per SBWIB Directive 16-03 this form is to be given to every person seeking WIOA funded service in order to access such person's confidential data to determine eligibility for participation in WIOA programs.

Date	
Name	
SSN (Last 4 only)	

I hereby authorize the release of the information indicated below to:

One- Stop	
Address	

for the purpose of determining and verifying my eligibility for participation in the Workforce Innovation Opportunity Act (WIOA) or other workforce investment and / or job training programs

Check off all that apply:

<input type="checkbox"/>	demographics		employment information, Including: <ul style="list-style-type: none"> ● <i>employer name and address</i> ● <i>employment start and end date (as applicable)</i> ● <i>earning (rate of pay)</i> ● <i>hours assigned per week</i> ● <i>total quarterly earnings)</i> ● <i>job title</i> ● <i>fringe benefits (including health insurance, retirement, paid time off)</i>
<input type="checkbox"/>	income		
<input type="checkbox"/>	unemployment insurance information		
<input type="checkbox"/>	SNAP (food stamps)		
<input type="checkbox"/>	TANF		
<input type="checkbox"/>	Social Security Disability		
<input type="checkbox"/>	Social Security		
<input type="checkbox"/>	School grades, transcripts and/or diplomas		
<input type="checkbox"/>	School PPTs		Test results and assessment related to math, reading, job interests, aptitudes related to my employment, training and service referral needs
<input type="checkbox"/>	School attendance		
<input type="checkbox"/>	Financial Aid and Billing Status		
<input type="checkbox"/>	Medical or Health information		
<input type="checkbox"/>	Other:		
<i>Indicate other category of information sought, here:</i>			

I fully understand the above- stated information and consent to the release of the indicated information. This authorization remains in effect unless revoked in writing by me.

Signature	
Date Signed	

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

Name	
Relationship	
Signature	
Date signed	