

Missouri Career Center

Release of Information Authorization

The purpose of the release of information is to provide optimum customer services through cooperative information sharing among partner agencies and information gathering from past or present employers, educators.

Information is confidential and limited to that which is needed to establish customer eligibility for Workforce Investment Act and/or Missouri Work Assistance Program registration, or to establish employment verification, salary, beginning or ending dates of employment, education, or training attendance/participation.

Information shared is within partner agencies only and is kept confidential.

Information obtained may be from past and/or present employers, training/education providers, or other public or private entities that may affect your eligibility for Workforce Investment Act, and/or Missouri Work Assistance Program services.

Customer Release

I acknowledge that all information to be shared or gathered about me, or a minor child for which I am a parent or legal guardian, has been discussed in full with me. I understand the nature of this information, and that it will be used for program eligibility and/or verification purposes only.

I release _____ from all liability for information shared or gathered pursuant to this Release of Information Authorization. Following are individuals, educational institutions, agencies or businesses that I am allowing the exchange of information with:

My authorization for Release of Information to or from the agencies/organizations listed above is valid for 12 months from the most recent signature of my or minor child's participation in the program.

Customer Name (Printed)	Social Security Number
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Customer or Parent/Guardian Signature (valid for 12 months)	Date
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Address	City	State	ZIP
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Provider Agency Witness Signature (valid for 12 months)	Date
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Recertification Signatures (valid for 12 months):

Customer or Parent/Guardian Signatures	Date	Provider Agency	Date
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