



**NORTHWEST WORKFORCE SERVICE AREA
RELEASE OF CLIENT INFORMATION**

Client Name: _____
 Last First MI Social Security Number

Client Address: _____

General Authorization for Release of Personal Information:

I hereby authorize _____ to release any and all information to be used to verify program eligibility and to assist with the development of the Individual Service Strategy (ISS) under the Minnesota Dislocated Worker Program, the Minnesota Youth Program and/or the Workforce Investment Act (WIA) to:

Request that the following information be provided:

Any and all information needed to verify compliance and or completion of the WIA program. To include grades, transcripts, certificates and current enrollment status.

This authorization is in effect as long as the client is an active program participant. I understand and agree that I may revoke this authorization at any time, and will do so in writing and that I may review the information before authorizing its release subject to the provisions of the Federal and State laws covering data privacy.

The client file under any of the above mentioned programs is open to the client less all information received fro other agencies. Clients have the right to review personal information only at the agency where it is initiated.

Client Signature:	Date:
Parent/Guardian Signature:	Date:
Agency Signature:	Date: