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Rivers East WORKFORCE DEVELOPMENT BOARD



WIOA Information Release Authorization

Applicant Name: _____ SSN: XXX-XX-_____

County of Residence: Beaufort Bertie Hertford Martin Pitt Other: _____

I hereby authorize Workforce Innovation and Opportunity Act (WIOA) staff to obtain information about me regarding any or all the following:

1. Social Security Number, current phone number and current address
2. Citizenship status
3. TANF status/case number/case notes/assessment/time on benefits
4. Employment information/history/income for eligibility/placement purposes
5. SNAP status and public assistance status
6. Teenage pregnancy records – pregnant or parenting youth
7. Custodial parent status
8. School/college records- status; highest grade completed; repeated grades; courses completed; skills deficiencies; curriculum; grades; disability; disciplinary action; Career Development Plan
9. Domestic violence records
10. Offender status including juvenile and adult records/probation records
11. Disability- nature of disability, if disability is barrier to employment; Vocational Rehabilitation records where related to employment or eligibility
12. Child support enforcement information
13. Substance abuse history/treatment record
14. Division of Employment Security (DES) client records
15. Medical records, if impacts employability/placement
16. Driving record from DMV or insurance company
17. Foster child status
18. Emancipated minor status
19. Military Records, inclusive of rank, salary and active service address.
20. Childcare status, placement & other childcare information.

I also authorize Mid-East Commission or the Rivers East Program Operator to release my name as a WIOA applicant/participant and service information such as test results, income, eligibility related information, dates of employment and outcome of service, to other employment and training related agencies for purposes of coordination of services and to employers as related to potential employment.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Staff Signature: _____ Date: _____