

WIB RELEASE OF INFORMATION

Workforce Investment Board of Southeast Missouri

To be completed in applicant's own handwriting. All names must be written as they appear on Social Security Card. All adults must sign their own name.

I, _____, D.O.B. _____

Address _____

SSN _____, Age _____

do hereby authorize any agencies, offices, groups, organizations, landlords, or business firms to release to the Workforce Investment Board of Southeast Missouri any information which is deemed necessary to complete my application for participation, maintain my continued eligibility, and/or increase my opportunity for success in the programs of the Workforce Investment Board of Southeast Missouri. These organizations include, but are not limited to: Financial Institutions, Child Support Payers, Division of Workforce Development, Past or Present Employers, Past or Present Landlords, Social Security Administration, Family Support Division, Veteran's Administration, Utility Companies, Worker's Compensation payers, Hospitals, Public or Private Retirement systems, Law Enforcement Agencies, Attorneys, Departments of Probation and Parole, Departments of Health, School Districts, Institutions of Higher Learning, and Vocational/Technical Schools.

I agree to hold harmless the Workforce Investment Board of Southeast Missouri and/or any agency, office group, organization, or individual releasing information. I further agree that a copy of this authorization may be used as an original.

This authorization shall continue for one (1) year from the date of signature or until such time the Workforce Investment Board of Southeast Missouri is notified in writing by participant that the authorization is cancelled.

(Applicant Signature) (Date)

(Parent or Guardian) – Needed if Applicant is under 18 years old (Date)

(Staff Signature) (Date)