

I, _____ Last 4 of SSN# _____

Understand that it may be necessary for the Forward Careers, Inc. program staff, and/or its sub-contractors, to obtain information about me, and/or to provide information required for program enrollment to the appropriate agencies considering me for employment, education and/or training services.

IN SIGNING, I HEREBY AGREE TO THE FOLLOWING:

- To allow the release of information necessary to verify information on my application and/or other related forms.
- To allow the results of assessment tools, such as surveys, questionnaires, and interviews to be used by myself and Career Planners in deciding which available programs best suit my employment, education and/or training needs as outlined in my negotiated Individual Employability Plan (IEP)/Individual Services Strategy (ISS).
- To allow the release of information required for program enrollment/operation, including testing, and assessment results, as well as information contained on my IEP/ISS to the appropriate agency considering me for employment, education and/or training services.
- To allow program staff to release employment information (example: resume) and/or school information (example: ITA form, financial aid information). This may include unencrypted electronic transmission methods (email, fax, etc.), if requested.
- To allow my employer to release employment information necessary for verification of my employment as required for placement reporting and follow-up purposes.
- To allow Career Planners access to all financial aid records, grades, academic transcripts, and course registration and enrollment information at your training institute.

I also authorize the release of all information that may be necessary for my successful enrollment in a partner agency program including the following:

- Information necessary to verify information on my application and/or other related forms
- Any test or assessment tool results, such as surveys, questionnaires and interviews
- Medical reports for referral to Division of Vocational Rehabilitation which relate to incapacitation, handicap or disability to use in determining eligibility for services

Client Signature: _____

Date: _____

Parent/ Guardian Signature: _____
(Required for Youth Participants under age 18)

Date: _____

