

**ATLANTIC COUNTY OFFICE OF WORKFORCE DEVELOPMENT, TRAINING
AND NEW JERSEY YOUTH CORPS**

Information Release Form

Name: _____

Address: _____

(applicant)

Last 4 of SSN: _____

Telephone Number: _____

By signing below, I _____,
hereby authorize the release of my personal information to and from the Atlantic County Office of Workforce Development, Training, and New Jersey Youth Corps for verification and information exchange purposes including, but not limited to my: known addresses, income, employment history/data, school records and/or Social Security data. This information supplied and obtained from sources including, but not limited to my employers, the Social Security Administration, and other pertinent data sources determines Workforce Innovative Opportunities Act (WIOA) program eligibility and verifies my proof of citizenship, place and date of birth, Social Security numbers, wage and income amounts, addresses, phone numbers, etc. This released confidential information will also be utilized for program tracking.

I understand that Atlantic County Office of Workforce Development, Training, and New Jersey Youth Corps tracks customers prior to and after the completion of program services; therefore, as a participant, I authorize the release of my income and employment data prior to and after the completion of all of my employment and training objectives.

(parent or guardian signature –
required of all youth under 18 years of age)

(Applicant Signature / date)