

**Atlantic County Office of Workforce Development,  
Training and New Jersey Youth Corps  
“PARENTAL CONSENT FORM”**

**PARENTAL CONSENT FORM**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

By signing below, I give permission for my child to participate in the Workforce Innovation and Opportunity Act (WIOA) youth program.

I, also give Atlantic County One Stop Career Center permission to verify and exchange information regarding my child including income, employment history, school records, and/or social security information.

Parent/Guardian (PRINT): \_\_\_\_\_

Parent/Guardian (SIGNATURE): \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:** The information you supply on this form is *Confidential* and will be used to help determine eligibility. It **WILL NOT** affect any public assistance payments you may be receiving and will be used ONLY for eligibility.