



**NEW JERSEY YOUTH CORPS**  
 Atlantic County Office of Workforce Development  
 2 S. Main St.  
 Pleasantville, NJ 08232  
 Tel: 609-485-0052 Ext. 4810 - Fax: 609-485-0067



*The Start of a Brighter Future*

## INFORMATION RELEASE FORM

**Applicant's Name:** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

**Last 4 of SSN:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

By signing below, I \_\_\_\_\_, hereby authorize the release of my personal information to and from the New Jersey Youth Corps of the Atlantic County One Stop Career Center for verification and information exchange purposes including, but not limited to my: known addresses, income, employment history/data, school records, and citizenship. This information is to be supplied and obtained from sources including, but not limited to my employers, educational facilities, and governmental agencies.

I understand that Atlantic County One Stop Career Center tracks customers prior to and after the completion of program services; therefore, as a participant, I authorize the release of my income, employment and educational data prior to and after the completion of all of my academic, employment and training objectives.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian's Signature  
 (If applicant is under the age of 18 yrs.)

\_\_\_\_\_  
 Date