



EMPLOY MILWAUKEE AUTHORIZATION TO RELEASE INFORMATION FORM

Please review this Authorization to Release Information Form carefully. If you have any questions, please contact your Career Planner.

Release of Information for Eligibility and Service Provision

I authorize the release of my information to Employ Milwaukee and my Career Planner as necessary to determine my eligibility for employment and training programs, services, and activities. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as those provided by partners in the American Job Center Network. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

Release of Information for Educational Institution

I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to Employ Milwaukee and my Career Planner. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records, that Employ Milwaukee and my Career Planner must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

Release of Information for Employment

I authorize the release of my current and past employment information to Employ Milwaukee and my Career Planner. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Carrie Hersh, Equal Opportunity Officer, at 414-270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414)-270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414)-270-1726** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.



EMPLOY MILWAUKEE AUTHORIZATION TO RELEASE INFORMATION FORM

I do hereby authorize the release of information, in conjunction with my participation in Employ Milwaukee workforce programming for the above-described purposes. I understand that for records management purposes, this Authorization to Release Information is valid for a seven (7) year period from the date of my signature or until revoked in writing.

Printed Applicant Name	Date of Birth
Applicant Signature	Date Signed

Parent/Guardian Name (if applicant/participant is under 18 years of age)	
Parent/Guardian Signature	Date Signed

Staff Printed Name	Staff Agency
Staff Signature	Date Signed

Skillful Transitions (WAI) program and the Lead Abatement program are funded using American Rescue Plan Act State and Local Fiscal Recovery Funds (ARPA SLFRF).