

Authorization to Release Information

I, _____ SS# _____
hereby authorize the release of information to _____ in
order to verify participation in education and training; current and past employment,
start and termination dates, wages paid, job titles, hours worked, benefits received and
source(s) of referral.

Signature of Individual Authorizing Release

Date

If under 18 Parent/Guardian Signature s Required:

Print Name of
Parent/Guardian

Signature of Parent/Guardian

Date