

Release of Information Form

I (print name) _____, authorize the (*name of agency*) to release my educational records, which include my name, social security number, student ID number, address and date of birth, to the New Jersey Department of Labor and Workforce Development, 1 John Fitch Way, Trenton, NJ and to the (*consortium lead agency*) which is our partner with the Department of Labor and Workforce Development for the administration of our educational programs.

I understand that the use of my records is limited to and in connection with the audit and evaluation of federally supported education programs, or in connection with the enforcement of the federal legal requirements related to the WIA Title II grant program.

My signature is an acknowledgement that I have read and voluntarily consent to the release of the above-mentioned information.

Signature (Parent/Guardian if under 18)

Date

Social Security Number * _____

*SSN is used for data matching purposes only.