

Authorization Release of Information

I, _____, authorize the _____
print name clearly *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
consortium lead agency, which is our partner with the New Jersey 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 federal legal requirements related to the WIOA Title II grant program.

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

Signature

Date

Name of parent or legal guardian (*print clearly*)
(if under 18 years of age)

Signature of parent or legal guardian
(if under 18 years of age)