

**Authorization for Release of Information**  
**South Central Workforce Council**  
**120 S. 3<sup>rd</sup> Street, Suite 200-A**  
**Yakima, WA 98901**  
**(509) 574-1950**  
**FAX (509) 574-1951**

Applicant/Participant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

I, \_\_\_\_\_ authorize employers, schools and other service providers to release information to the South Central Workforce Council and their contractor \_\_\_\_\_ in order to assist them in providing me with services including training, employment, relocation assistance and/or follow-up services.

I further authorize the South Central Workforce Council and their contractor to place my program application and information in a common data bank (SKIES), which shall be accessible by other service agencies providing applicable services.

I authorize the South Central Workforce Council and their contractor to have access to wage and employment information from my employers and through the Unemployment Insurance System. The use of this information shall be for the purpose of planning and providing me with services and meeting program standards.

This release takes effect upon the date of signature below, and will remain in effect for up to one year after my exit from the program. I understand that this information will be kept confidential as defined by federal, state, and local regulations. I also understand that I can withdraw this release of information at any time by submitting a written request to the South Central Workforce Council or their contractor.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if applicant/participant is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date