This form is to be used to facilitate sharing of information and protection of confidentiality. When completed and added to the customer’s file, this form allows agencies (as initialed below) to share information on an as needed basis to assist the customer to reach his/her employment and training goals. The Career Planner highlights the items that need initialing, and the Customer initials the items that are authorized to share.

**CUSTOMER INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Customer Name |  | Date of Birth |  | County |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agencies to Receive/Exchange Information (Initial each agency this release/exchange of information applies to. Annotate specific agencies as needed.) | |  | **Type of Information to be Released/Exchanged)**  (Initial each type of information this release/exchange of information applies to.) | | | | | | |
|  | Catholic Charities |  |  | Academic Assessment | | | | | |
|  | Child Support Agency |  |  | Academic Schedules/Attendance/Grades | | | | | |
|  | College/University: |  |  | Benefits Received | | | | | |
|  | Couleecap |  |  | Child Support Obligations | | | | | |
|  | Counseling Services |  |  | Employment Information | | | | | |
|  | Department of Corrections – agent: |  |  | Financial Verification | | | | | |
|  | Department of Health & Human Services |  |  | Assessment Results | | | | | |
|  | Division of Vocational Rehabilitation (DVR) |  |  | Legal Records | | | | | |
|  | Domestic Abuse Agency |  |  | Medical Records | | | | | |
|  | Employer |  |  | Physical Restrictions | | | | | |
|  | Families First |  |  | Program Eligibility | | | | | |
|  | Family and Children’s Center |  |  | Referral Information | | | | | |
|  | Family Preservation and Support |  |  | Services Received | | | | | |
|  | Housing Agency |  |  | Unemployment/Workman’s Compensation | | | | | |
|  | Job Service |  |  | W-2/Food Stamp Services | | | | | |
|  | Literacy – Agency Name |  |  | Wage Information | | | | | |
|  | Medicaid / Medicare |  |  | Other | | | | | |
|  | Salvation Army |  |  | Other | | | | | |
|  | Secondary Education – School: |  |  | Other | | | | | |
|  | Social Security Administration |  |  | | | | | | |
|  | Southwest Technical College |  | **I authorize** **to use the following information**: | | | | | | |
|  | Social Security Administration |  |  | First name | |  | Last name |  | Photograph | |
|  | Unemployment Compensation |  |  | Words (interview regarding your experience with      ) | | | | | |
|  | United Way |  |  | Videotaped image | | | | | |
|  | UW-Extension |  |  | | | | | | |
|  | Veteran Services |  | **For the following purposes:** | | | | | | | |
|  | Western Dairyland, E.O.C. Inc. |  | | Promotional items (brochures, flyers, newsletter, reports, presentations) | | | | | |
|  | Western Wisconsin Cares |  |  | |
|  | Workforce Connections, Inc. |  |  | | Stories published on website: | | | | | |
|  | WTC – Western Technical College |  |  | | Media releases, letters to legislators | | | | | |
|  | Other |  |  | | | | | | | |
|  | Other |  | Please identify specific information you do **not** want       to use if not listed above: | | | | | | | |
|  | Other |  |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This consent of release of information expires one year after signature date, unless specified here: | | |  | | | | |
| I understand that I have the right to inspect and receive a copy of the material(s) disclosed, and a copy of this consent form. I understand this consent may be revoked upon written requests; however, information may have been release before receipt of notice of revocation. | | | | | | |
| Signature of Customer |  |  | | Date |  |  | |
| Parent/ Guardian signature if participant is under 18 | | | | | | |

**Babel Notice**

In accordance with 29 CFR 38.9 (g)(3), Limited English Proficient (LEP) individuals seeking access to information about WIOA programs offered through the Western Wisconsin WDB and its American Job Center partners, will receive language assistance in all communications of vital information. Vital information is defined as information, whether written, oral or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service and/or training; necessary for an individual to obtain any aid, benefit, service and/or training; or required by law. An interpreter, as well as the availability of free language assistance such as rulebooks; written tests that do not access English language competency, but rather assess competency for a particular license, job or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant or employee will be provided to all LEP individuals at no cost to the individual.

**English** IMPORTANT! There are documents that contain important information about WIOA training services; how to apply for training services; and your rights, responsibilities and/or benefits. It is critical that you understand the information in these documents. You can receive telephone translation assistance of all documents by calling (608) 789-5499 at no cost to you.

**Español** ¡IMPORTANTE! Hay documentos que contienen información importante acerca de los servicios de capacitación de WIOA, cómo solicitar servicios de capacitación, sus derechos, responsabilidades y / o beneficios. Es fundamental que entienda la información de estos documentos. Usted puede recibir asistencia de traducción telefónica de todos los documentos por calling (608) 789-5499 sin costo alguno para usted.

**Hmong** TSEEM CEEB! Muaj cov ntaub ntawv uas muaj cov ntaub ntawv tseem ceeb txog WIOA cov kev pabcuam kev cob qhia; yuav ua li cas thov rau kev pabcuam kev cob qhia; thiab koj cov cai, lub luag haujlwm thiab / lossis cov txiaj ntsig. Nws yog ib qho tseem ceeb uas koj nkag siab cov ntaub ntawv hauv cov ntaub ntawv no. Koj tuaj yeem tau txais kev pab txhais lus hauv xov tooj ntawm txhua cov ntaub ntawv los ntawm kev hu rau (608) 789-5499 yam tsis tau them nqi rau koj.

**Accommodation Requests**

Auxiliary aids and services are available upon request to individuals with disabilities. Please contact your WIOA Title I Career Planner or the WWWDB office for such requests.

**Wisconsin Relay (7-1-1)**

Wisconsin Relay is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech-disabled. The service is available by dialing 7-1-1 or by calling TTY 1-800-947-3529. For more information, visit [www.wisconsinrelay.com](http://www.wisconsinrelay.com/).  
 **EO Tagline**  
Western Wisconsin Workforce Development Board 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 Melisa Myers, Equal Opportunity Officer, at 608-789-5499 or myersm@westernwdb.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

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Text

Description automatically generatedLogo, company name

Description automatically generated with medium confidence

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