

Attachment A

CUSTOMER RELEASE OF INFORMATION FORM FOR REFERRALS TO FUTURESkill TRAINING PROGRAMS

I (customer name): _____, give (MassHire Career Center named here) _____ permission to share certain information about me. This information will be shared for the purpose of a referral made to an American Rescue Plan Act (ARPA) funded training program.

Information that will be shared may include the following:

- Employment history, Education History, Job skills and qualifications
- Career goals
- Income or other eligibility factors
- Housing or other supportive service needs
- Training provider information, to include: employment or educational/training placement outcomes, sources of program funding, training program/plan and accommodations available to support participation of individuals with disabilities in education, training or employment.

I authorize records and information as described above to be released from the (MassHire Career Center releasing the information named here) _____. Information may be shared in writing, verbally, or electronically with the American Rescue Plan Act (ARPA) training programs.

I may withdraw my authorization for release of information at any time by contacting the MassHire Career Center listed above in writing.

Disclosure of any information that is not listed above may not be made without my permission or as otherwise restricted.

I understand (MassHire Career Center named here) _____ will keep any personal information provided or received through this release confidential and will use, store, and disclose such information in accordance with applicable law.

I have read and understood this Authorization Form and by signing below, I give consent to share the information described above.

Customer Printed Name

Customer Signature

Date

Representative Signature

Date

MassHire Career Center Signature

Date