Attachment C

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 (ARP) funded training program (NAME OF TRAINING PROVIDER) .

* Information that will be shared may include the following: Name, Address, Email, Phone and other related contact information
* 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
* Information may be shared in writing, verbally, or electronically
* 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 understand this Authorization Form, and by signing below, I give consent to share the information described above.

Customer Printed Name

Customer Signature Date

MassHire Representative Printed Name

MassHire Representative Signature Date