MASSACHUSETTS WORKFORCE DEVELOPMENT SYSTEM

MassWorkforce Issuance

Workforce Issuance No. 06-06 ☐ Policy ☑ Information

To: Chief Elected Officials
Workforce Investment Board Chairs
Workforce Investment Board Directors
Title I Administrators
Career Center Directors
Title I Fiscal Officers
DCS Regional Directors for Workforce Integration
DCS Associate Directors
DCS Field Managers

cc: WIA State Partners

From: Susan V. Lawler, Director
Division of Career Services

Date: January 27, 2006

Subject: **Information Release Form**

Purpose: To transmit a copy of an Information Release Form that *may* be used by Local Workforce Investment Boards, One-Stop Career Center Operators, and other workforce investment partner organizations with regard to an individual's desire to authorize the sharing of personal information, including his/her unemployment insurance claim information with other interested parties. The form may be used for the purpose of either *sharing* or *obtaining* personal information.

Background: Per inquiries submitted in conjunction with the posting of the Confidentiality Policy described in WIA Communication 05-76 Policy to Protect Confidential Information (10/19/2005), the Department of Workforce Development Legal Department in collaboration with the Office of Internal Control and Security has developed the attached Release Form document. Use of the form is voluntary. If used, it is strongly recommended that a hard copy of the signed release form be retained for a minimum of four (4) years (consistent with the maximum required timeframe for record retention related to federal workforce related data).

Action Required: Please assure that all appropriate staff are informed of the content of this issuance.

Effective: Immediately

Inquiries: Please email all questions to PolicyQA@detma.org. Also, indicate Issuance number and description.

RELEASE OF INFORMATION

I, [*PRINT NAME OF APPLICANT*], hereby authorize the [*PRINT NAME OF CAREER CENTER OR OTHER APPROPRIATE ENTITY*] to share with and obtain from other entities confidential information concerning myself for the purpose of providing me with services or benefits. I understand that by signing this release I also am authorizing the Massachusetts Division of Unemployment Assistance to release my unemployment record for the period of [*FROM-TO*] to the entity listed above. I further understand that if I do not sign this release, I may not be able to be provided with the services or benefits that I seek.

_____

FULL NAME OF PERSON SIGNING RELEASE (PRINT OR TYPE)

_____ _____

SOCIAL SECURITY NUMBER DATE OF BIRTH

_____

STREET ADDRESS CITY, STATE, ZIP CODE

_____ _____

SIGNATURE OF PERSON SIGNING RELEASE DATE SIGNED