

Attachment B

Shared Customer Release Form

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that it is necessary for _____ to share certain information about me to determine whether I am eligible for this program, to develop my service plan, and to coordinate my services with partner agencies. This information may be shared to improve and coordinate services (for example, employment, education, training services, and support services) provided to me by the agencies listed below.

Information that will be shared may include the following:

- employment history
 - job skills and qualifications
 - income or other eligibility factors
 - education
 - career goals
 - training program and plan
 - housing or other supportive service needs
 - amount and sources of program funding
 - training provider information such as employment or educational/training placement outcomes, 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 (agency releasing the information name here) _____. Information may be shared in writing, verbally, or electronically with the approved agencies listed below.
 - I may withdraw my authorization for release of information at any time by contacting _____ in writing.
 - Disclosure of any information that is not listed above may not be made without my permission or as otherwise restricted.
 - I understand _____ 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.

Approved Agencies

Adult Community Learning Services
MassHire Department of Career Services
Department of Transitional Assistance
Department of Unemployment Assistance
Mass Commission for the Blind
Mass Rehabilitation Commission
Senior Service Community Employment Program

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

Customer Printed Name

Address

Customer Signature

Date

Representative Signature

Date

Staff Signature

Date