



Workforce Preparation – Youth Services

Release of Information

I, the undersigned, acknowledge that I am voluntarily seeking to become a participant in a program administered by the Central Ohio Workforce Investment Corporation (COWIC). As a participant, I agree to and authorize the following:

1. Sharing of Information

I authorize any person, organization or agency (such as COWIC, Franklin County Department of Jobs and Family Services (FCDJFS), the Ohio Department of Jobs and Family Services (ODJFS), secondary schools, post-secondary schools, employers, etc.) having information concerning my goals, objectives, work experience, education, interests, and program completion outcomes, to share any such information that may be pertinent to my participation in any Workforce Investment Act (WIA), City of Columbus, or COWIC program with any other person or agency having a need for such information. In particular, I authorize the sharing of such information with COWIC.

2. Job Placement and Follow-Up

I agree to provide COWIC with information regarding my education and employment status, once I have completed the WIA, City of Columbus, or COWIC-funded program. Further, I authorize any party to release information that will allow COWIC to comply with the U.S. Department of Labor guidelines and regulations that require up to 12 months of follow-up on all program participants. This includes the authorization of COWIC, FCDJFS, ODJFS, my employers and my training providers to release such information to each other.

3. Confidentiality

I understand that COWIC will only solicit information necessary and relevant to my participation in WIA, City of Columbus, or COWIC-funded programs and will treat such information as confidential. Information will not be released to any unauthorized person, organization or agency.

4. Right to Appeal

I understand that I have the right to appeal any determination that affects my participation in the WIA, City of Columbus, or COWIC-funded program through the WIA Complaint Rights process and/or the COWIC grievance policy.

5. Notification of Permission to Photograph

In the event that I am selected as a participant, I grant COWIC the right to photograph me while I am enrolled in a WIA or COWIC-funded program. I understand that photographs will be used for promotional advertisements or other displays promoting the COWIC, WIA/City of Columbus-funded programs or other related activities.

Check this box if you do not wish to grant COWIC the right to photograph you _____Initials

Participant's Name (PRINT)

Social Security Number

Participant's Signature

Date

Service Provider Signature

Date