



CONSENT FOR RELEASE/REQUEST FOR INFORMATION

I, _____, authorize
(name of participant)

Ramsey County Workforce Solutions to release information to and collect information from

_____ City of Saint Paul _____ regarding those items checked below:

<input checked="" type="checkbox"/> Program eligibility/services provided	<input checked="" type="checkbox"/> Contact information (address/phone number)
<input checked="" type="checkbox"/> Progress Report/Attendance Verification	<input checked="" type="checkbox"/> Employability/Employment Plan
<input checked="" type="checkbox"/> Case Notes	<input checked="" type="checkbox"/> Interest Testing
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

The information is to be used for vocation planning. I understand that my records are protected under the Minnesota Data Practices Act and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time by written notice. I understand that my revocation may not be made retroactive and will not apply where action had been taken in reliance upon it (e.g., probation, parole, etc.). This consent automatically expires one year after my file has been closed with our program.

Signature of Participant

Please keep this release on file.
Information will be requested as needed.

Date

Name (please print)