RIGHT TRACK
City of Saint Paul + Ramsey County Supporting Youth Employment

CONSENT FOR RELEASE/REQUEST FOR INFORMATION

I, _____, authorize
(name of participant)

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

_____ _____ regarding those items checked below:

_x___ Program eligibility/services provided
__x__ Progress Report/Attendance Verification
__x__ Case Notes
____ Other _____

__x__ Contact information (address/phone number)
___x_ Employability/Employment Plan
__x__ Interest Testing
____ 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

_____
Date

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

_____
Name (please print)

Rev. 5/2018