



**CONSENT TO COLLECT
WAGE AND EMPLOYMENT DATA
ON INDIVIDUALS**

Minnesota WorkForce Center System

The Minnesota WorkForce Center System is asking for your consent to collect data about you from the entities (people, agencies or organizations) identified on this form. We can't collect the data without your consent. This form tells you what data we need the other entities to give to us. It also explains why we need to collect the data and what will happen (consequences) if you give your consent.

You have the right to choose what data (wage and employment information) we collect. This means you have the right to let us collect all of the data, some of the data or none of the data described on this form. We can collect only the data that you choose.

Minnesota law may give you the right to look at and have copies of the data we are asking the other entity to give us. We encourage you to look at the data before you decide whether to give your consent, because that may help you decide about giving your consent.

If you give your consent for us to collect data about you, we can collect the data up to three years. You have the right to stop your consent (revoke or take back your permission) any time during this period. If you want to stop your consent, you must write to Wayne Young, Ramsey County Workforce Solutions, Ramsey County, 2266 2nd Street North, North St. Paul, MN 55109, and clearly say that you want to stop all or part of your consent. We can't stop the collection of data that we already have collected because you gave your consent.

Important: If you have a question about anything on this form, please talk to a Ramsey County Workforce Solutions Representative before you sign.

- I give my consent for the Department of Employment and Economic Development (DEED) Unemployment Insurance Division (UI) to release my wage and employment records
- I agree to let DEED UI release this data to the WorkForce Center System for up to three years
- I understand that the WorkForce Center System needs to collect the data in order to determine outcomes for workforce development programs
- I understand that, whether or not this data is released to the WorkForce Center System, it will not affect my participation in Ramsey County Workforce Solutions programs

Signature of Customer _____ Date Signed _____

Print Name _____

Signature of Parent or Guardian _____ Date Signed _____

(If Customer is under 18)

Signature of Person Explaining this Form _____ Date Signed _____

CUSTOMER COPY - Please keep for your records