

## Authorization to Communicate Through E-mail and Texting

Name:	Social Security number:
Email address:	
Text-Message number:	

I authorize (Agency Name) \_\_\_\_\_ and its staff to communicate with me through the above e-mail address or texting number regarding MFIP-ES services it is providing to me but only to provide the following information:

- Job leads
- Job fairs
- Upcoming trainings and events
- Upcoming focus groups
- Marketing and advertising materials related to employment and job training opportunities

I understand that private data about me may be transmitted via e-mail or texting. I accept the risk that the data may be accessed by someone other than me.

This authorization remains in effect until I notify (Agency Name) \_\_\_\_\_ in writing that the authorization is revoked. This authorization may be revoked by me at any time.

I further agree that (Agency Name) \_\_\_\_\_ is not liable for any damages or losses I may incur as a result of interception by a third party of an e-mail or text-message sent by (Agency Name) \_\_\_\_\_ pursuant to this authorization.

*This authorization is not valid unless signed and dated below.*

Your Signature	Date	Phone

Return this signed completed form immediately to the agency representative who requested it.