



CONSENT TO RELEASE/EXCHANGE INFORMATION

With the understanding that access to certain Denver workforce programs and services may be limited or denied without my consent, I authorize Denver Workforce Services (DWS) and its contracted Service Providers (collectively, the "Providers") - a comprehensive list of providers is available upon request - to collect/release/exchange with the required educational, training, counseling, worksite, employer, social services, or criminal justice agencies (collectively, the "Agencies") any information I share with them regarding the following topics as they relate to the assessment process, enrollment into Denver workforce programs, program completion, and the ongoing support needed to reach my career and educational goals:

- Employment/Unemployment
Wage Information
Education and Training Records
Foster Care Status
Residency/Housing Status
Health/Mental Health Records
Success Stories
Other:
Individual/Family Income
Offender Status
Law Enforcement/Court Records
Extra-Curricular Activities
Career Plans and Activities
Other Government Assistance
Workforce/Training-Related Photos/Videos
Other:

In addition to the Agencies listed above, I authorize the following individuals or organizations to share my confidential information with the DWS and the Providers in order to best coordinate the services being offered or provided to me:

Organization/Individual Name:

Organization/Individual Name:

ACKNOWLEDGEMENT

I acknowledge this release will remain valid for one (1) year after the earlier of: 1) completion of services; or 2) the termination of my involvement with DWS. I have the right to deny the collection/release/exchange of my information with any entity at any time through written communication with DWS; any such revocation shall not affect disclosures previously made by DWS or the Providers. I understand that any information collected/released/exchanged will be kept confidential in conformance with applicable law and will be used for the purposes noted above and I may request to inspect and/or copy the information at any time through written communication with DWS.

I have read the above statements and understand all of its provisions and consent to the collection/release/exchange my information as described above.

Program Applicant
Date of Birth:

Signature

Date

Parent or Legal Guardian
(if applicant is under the age of 18)

Signature

Date

A Legal Guardian, Power of Attorney, or equivalent may sign on behalf of the customer - documentation providing legal authority must be provided.

Use an Adobe "Digital ID" or the "e-sign: draw" feature to sign this document. You may also print, sign, and scan the signature page. A typed name within a signature line will not be accepted as an electronic signature.