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CONSENT FOR RELEASE AND DISCLOSURE OF INFORMATION

I, _____, hereby authorize Workforce Solutions Panhandle to release information from my participant file, including but not limited to assessment, identification, verification of benefits, attendance and participation information. Participant information may be released to any of the following entities: Texas Health and Human Services Commission, Texas Workforce Commission, Texas Workforce Solutions Vocational Rehabilitation Services, Texas Department of Family and Protective Services, Texas Attorney General, Texas Department of Criminal Justice, local/county corrections departments, Region XVI Education Service Center, Panhandle Regional Planning Commission, City of Amarillo, Texas Tech, Amarillo College, including Office of Financial Aid and/or other agencies, governmental authorities involved in the coordination of services and benefits to the extent necessary for the proper administration of the program rules and the law.

I, _____, hereby authorize and request that the following indicated records and information be made available for use by the Panhandle Regional Planning Commission in connection with my application and participation in programs and activities sponsored under Workforce Solutions Panhandle. I hereby release those holding such information from any and all legal responsibility and liability that may arise from the release and disclosure of information pursuant to this consent.

Please Initial

- _____ 1. Public and /or private school records, results of individual student performance on basic skills assessment tests, GED tests, college placement scores, instruments including NAPT, CAT and other such tests and instruments, and other scores of results of achievement evaluation.
- _____ 2. Medical records including but not limited to records of injury, disability and/or physical/mental limitations. Documentation of a learning disability or other limitation that may interfere with learning in a traditional classroom setting, and could be a potential barrier to future employment.
- _____ 3. In accordance with the Federal Educational Rights and Privacy Act (FEPA) of 1974, I authorize the release of my financial information from the Financial Aid Office. This release only pertains to my financial records and does not allow access to information from any other department or office except if it impacts financial aid eligibility and charges.
- _____ 4. I understand this Consent to Release of Information shall remain active and enforceable for 24 months after my last date of enrollment with my training provider.
- _____ 5. Release of employment information (including wages) from current or previous employer including employment information for up to 36 months after the date of this Consent to Release Information.
- _____ 6. Release of status, limitations, and conditions of probation or parole from the Texas Department of Criminal Justice and local/county corrections departments, criminal background checks, and Social Security Verification.
- _____ 7. Release of information concerning benefits and services which I receive or am eligible to receive from social service agencies including but not limited to TANF, SNAP E&T, CHOICES, NCP, Child Care program services, child support, spousal support, alimony, employment, worker's compensation, unemployment insurance, social security, housing & utility assistance.

Customer Signature

Customer Name (PRINT)

Customer Number (To be completed by staff)

Date

Parent or Guardian Signature

Date

Babel Notice in Spanish

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.