**TENCO**

**WORKFORCE INNOVATION AND OPPORTUNITY ACT**

**WAIVER FOR RELEASE OF RECORDS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do

hereby consent the release of the following records to a TENCO WDA representative:

* Financial Aid records
* Educational records (class attendance, cost of attendance, class schedules, grades, and transcripts)
* Employment records (including hire date, wage, and benefits)
* Unemployment Insurance records
* Test Results (Achievement, Interest, Psychological, Drug, and/or other tests results as requested)
* Disability and/or Medical records
* Social Security records
* Police records, court records, and criminal background check information
* Public Assistance records (KTAP and/or Food stamps)

I understand that TENCO Workforce Development Area will retain a copy of my records and this information will be maintained solely by TENCO WDA unless releasing these records are necessary to accomplish program goals, or as required by law or other agencies in which I am participating. All records obtained are used for the purpose of eligibility determination, determination of WIOA funding, assistance in securing or retaining employment, or maintaining records required for the provision of services.

I consent for release of my records to the TENCO Workforce Development representative.

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Applicant Signature Date

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Guardian Signature (if under 18) Date

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WDA Representative Date