DWS-WDD 115C Rev. 06/2015 C State of Utah Department of Workforce Services RELEASE/DISCLOSURE OF INFORMATION & CONSENT FOR COORDINATED SERVICES ONLY for use by Contracts and Refugee Home Visits Where UWORKS is Unavailable		
Name (Print)	PID Case	#
I understand that my records are prote codes of ethics governing confidentiali unless otherwise provided for in the St I authorize the release and/or disclosu that the information cannot be passed Div. of Child & Family Services Job Corps School Districts Vocational Rehabilitation	ty and cannot be released or disclosed ate and Federal regulations. re of information only to the agencies on to any other person or entity/agence Div. of Services for People with Disabilities Juvenile Court State/Local Health Department Social Security Administration Other _"Organization Name" e released and/or disclosed to coordine se, representatives of public and priva-	d without my written consent, listed below with the restriction cy
I authorize the information below to be released from and/or disclosed to the agencies selected above to assist the Department of Workforce Services (DWS) in coordinating services for me. I only authorize the release and/or disclosure of the specific items checked below. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this consent at any time by sending written notification to my Employment Counselor. Note: DWS does not disclose controlled documents without consent of the DWS Legal Department. R=Release my information from a third party to DWS D=Disclose my information from DWS to a third party		
RD	R D	R D
Employment Information (wages, hours worked, schedule, etc.)	Employment Plan Development/Renegotiation	Legal Information (court documents/orders, etc.)
☐ ☐ Addt'l. Monitoring Information (W CTW, job leads/contacts, etc.)	SL, School Information (progress, attendance, schedule, etc.)	Treatment Information (plan, schedule, attendance, etc.)
X X Other <u>TANF Eligibility</u>	Other	Other
□ □ Other	Other	_ _ Other
Signature of Customer Date		

Signature of Parent or Guardian, if under age 18

Date

Equal Opportunity Employer Program Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162