

**NH WORKS System Partners
Release of Information**

NH Employment Security

- Employment Services
- Unemployment Insurance Benefits
- Trade Act Program
- Migrant & Seasonal Farmworker Program

NH Department of Education

- Adult Education
- Vocational Education
- Vocational Rehabilitation

NH Department of Health and Human Services

- TANF
- Food Stamps
- NH Employment Program

Office of Workforce Opportunity/Community Action Agencies

- WIOA Funded Programs

New England Farmworker Council

Community College System of New Hampshire

- NH WorkReady
- Sector Initiatives

NH Job Corps

I, _____, authorize _____ to exchange information relating to prior assessment(s) for training and employment including work history, quarterly wage data, and Unemployment Compensation benefits with _____.

This Release of Information does not authorize the disclosure of any medical information or any other restricted third party information.

I understand that this information may be used to determine eligibility for employment and training services, assist in the development of my individual training plan for education and employment, and/or may be used for statistical purposes.

I allow the NH Works System Partners identified to release to each other the requested information when I am referred to partner services. I understand the information will be used only on an as needed basis and will remain confidential, to the extent required and/or permitted by law. This information cannot be shared with any other entity without my written permission.

A copy of this Release of Information is as valid as the original. This Release is valid for both program and follow-up services.

Participant's Signature Date

Guardian's Signature if applicable

Staff Signature Email Address





NH Works System Partners Publicación de Información

Yo, _____, autorizo
_____ a que comparta
información relacionada a previas evaluaciones de entrenamiento y
empleo, incluyendo empleos anteriores, información de mi salario
trimestral, y beneficios de compensación de desempleo de:

_____.

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Esta publicación de información no autoriza la divulgación de información médica o cualquier otra información restringida de un tercer grupo.

Yo comprendo que esta información será utilizada para determinar la elegibilidad de servicios de empleo y entrenamiento, ayudará en el desarrollo de mi plan de entrenamiento personal para educación o empleo o ambos, y será utilizada con fines estadísticos.

Yo permito que las asociaciones identificadas con NH Works System Partner divulguen entre si la información solicitada, cuando yo sea referido a los servicios asociados.

Yo comprendo que usaran la información solamente cuando sea necesaria y será confidencial hasta el punto necesario por la ley. Esta información no puede ser compartida con ninguna persona o grupo sin mi permiso escrito.

Una copia de este documento autorizando el revelo de información es tan valida como el documento original. Esta autorizacion es valida tanto para los servicios del programa como los de seguimiento.

La firma de participante

La fecha

La firma del guardián, si aplicable

La firma del docente

Dirección de correo electrónico



Issue Date 7/1/15

NHES/NH Works con Partner Agencies, es un empleador de igualdad de oportunidades y se conforma con Americans with Disabilities Act. Ayudas Auxiliares y servicios están disponibles a personas con discapacidades.

TDD/TTY ACCESS: Relé NH 1-800-735-2964