



AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION FOR THE CAREER PATHWAYS INITIATIVE

In the course of providing the best possible service to the participants of the Arkansas Career Pathways Initiative Program, the exchange of information between governmental agencies and educational institutions may be necessary. I hereby authorize the Arkansas Career Pathways Initiative personnel to release and/or provide, on a need to know basis, information which is reasonably necessary to accomplish the goals and objectives of the Pathways program. I understand that the information is confidential and will only be shared with the agencies, institutions or parties listed below unless the release or provision of such information is otherwise prohibited by law or regulation. I understand the individuals that receive and use this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will serve as valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I hereby authorize release of the following information to the following agencies, institutions or other parties unless the release or provision of such information is otherwise prohibited by law or regulation:

_____ The Department of Health and Human Services and the Division of Child Care and Early Childhood Education (DHHS/DCCECE) may provide information regarding my participation in agency programs. This will include names, social security numbers and other necessary information pertaining to my children.

_____ The Department of Workforce Services (DWS) may provide information regarding my participation in the Transitional Employment Assistance (TEA) program, unemployment insurance benefit program and my participation in Workforce Investment Act employment and training programs

_____ The Department of Workforce Education may provide information including WAGE, Adult Education and current and past education participation.

_____ The Arkansas Department of Higher Education and affiliated educational institutions may provide records relating to my current and past education.

_____ The educational institution involved in my participation in the Career Pathways Initiative may provide information between the internal departments.

_____ The Workforce Investment Act service provider may provide information regarding my participation in adult work programs.

_____ The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.

_____ The Department of Education and local school districts may provide information regarding my current and past education.

_____ Private and career training institutions may provide records relating to current and past training and education.

_____ My current and past employers may provide information related to my employment.

_____ My likeness and the likeness of my dependants may be used for public relations purposes in the media including newspapers, newsletters, TV ads, and other media venues.

Child _____ Social Security Number _____

Child _____ Social Security Number _____

Child _____ Social Security Number _____

As a condition to my authorization the Arkansas Career Pathways Initiative agrees to use the information obtained solely for the purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an

appropriate employment or self-sufficiency plan, educational training and plans, and helping me achieve my occupational and education goals. This authorization is valid for 18 months after the date of exit from my program of services. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to my participation in the Career Pathways Initiative. I understand that, as a condition of my receiving services, information collected by the Career Pathways Initiative will be used for purposes of determining overall program performance.

Student's Signature

Print Name

Date _____