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| **Participant Name** *(please print)* |  | **WorkSource Jobseeker ID** |

WorkSource partners and service providers can better help customers when they are able to work together and with other agencies and organizations. By signing this form you are giving permission for WorkSource partners to work together and share/receive information about you as defined within this Release of Information.

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| **Organization Name** | **Organization Name** |
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|       |       |

I understand that the organization(s) listed above are partnering with WorkSource Portland Metro to provide me enhanced employment and training services. WorkSource Portland Metro is a cooperative effort between WorkSource Oregon partners including Immigrant & Refugee Community Organization, Mt. Hood Community College, Oregon Employment Department, Portland Community College, SE Works, and Worksystems.

I authorize the staff of the listed organization(s) and WorkSource Portland Metro partners to share information necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services. The types of information that can be shared may include: Program eligibility and participation; training and/or employment needs; academic plans, financial awards, and education and training progress reports; and employment/work experience history.

I agree that the agencies, companies, and individuals listed above may also share and exchange information about my family and my circumstances to better assist me. The information received will be used to plan for and coordinate service and provide me with employment and training-related services. This authorization to gather information and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

I understand what this authorization means. I am signing on my own and have not been pressured to do so. I know that I can cancel this authorization at any time, but I understand that the cancellation will not affect any information that was already released before the cancellation.

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| **Applicant / Participant Signature** |  | **Date** |

\* \* \* \*

# Cancellation

I hereby cancel my consent to WorkSource Metro Portland to share information with the above-mentioned agencies. I understand that this cancellation may change the types of services available to me through WorkSource Portland Metro.

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| **Applicant / Participant Signature** |  | **Date** |
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