

**WORKFORCE SERVICES****RELEASE OF INFORMATION**

The authorizations below are given only in connection with the South Dakota Department of Labor and Regulation's (DLR) responsibility to administer its programs. This exchange of information allows DLR to work together with other agencies, when necessary, to determine program eligibility, effectively coordinate services, and support the achievement of training and employment goals. In accordance to professional standards and policy, DLR staff are required to uphold confidentiality information and not release information without this authorization.

This form is vital to receive services from DLR. Without *initials in the first three lines and a signature at the bottom* of the form DLR will not be able to communicate with your training provider, monitor your progress, submit payments on your behalf, provide referrals to employers, etc... **Initial each section that you consent to, print your name, provide a signature, and date the form before uploading.**

Initial

I authorize any person, agency, or institution to release orally or in writing (including reproduction) any official records relating to me or my household as requested by a DLR representative. I understand these records may include medical information and are only shared when necessary for DLR to provide me with services. Without this authorization, I am not eligible for partner service referrals or financial related services through DLR.

Initial

I authorize the DLR to release orally or in writing (including reproduction) any official records relating to me to potential employers, providers, educational institutions, and/or cooperating State or Federal agencies. I understand that these records may include medical information and are only shared when necessary for DLR to provide me with services. Without this authorization, I am not eligible for partner service referrals or financial related services through DLR.

Initial

I authorize the DLR to provide my resume' or application information to potential employers to assist with my employment needs. Without this authorization, DLR staff will not be able to provide job referrals or develop jobs on my behalf.

Initial

I authorize the DLR to release orally or in writing (including reproduction) any official records relating to me to the following family members or other designated individuals:

*Allows DLR to release information to specific people you choose. If there is no one specific, it is okay to leave blank.*

Initial

I authorize the DLR to disclose my name, photograph, and any pertinent information which pertains to my participation in DLR programs and services for the promotion of employment and training programs through press releases, publications, and/or reports.

*Allows DLR to use your name, photograph, or other information pertaining to your participation in our programs to promote DLR services. While it helps us get the word out of our programs your consent is optional.*

I release any person, agency, or institution from all liability to me or my family for supplying such information.

This release of information is valid throughout my participation and follow up period with DLR programs. I am able to revoke or edit this authorization at any time in writing to DLR at 123 W. Missouri Ave. Pierre, SD 57501.

**Decline authorization:** By checking this box, I agree that I have reviewed and understand this information, but decline to provide authorization. *Only check this box if you decline to allow DLR everything this form would allow.*

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Applicants under the age of 18 must have a parent or guardian signature to receive financial services. Exceptions to this requirement can be made on a case-by-case basis by contacting the youth labor program specialist for review.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## WORKFORCE SERVICES

sdjobs.org

### EQUAL OPPORTUNITY IS THE LAW

#### EQUAL OPPORTUNITY COMPLAINT

State and federal laws prohibit the South Dakota Department of Labor and Regulation (DLR) from discriminating on the following bases:

- Against any individual in the United States, on the basis of race, color, creed, religion, age, sex, ancestry, political affiliation or belief, national origin, or disability; and
- against any beneficiary of programs financially assisted through the DLR on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or their participation.

The DLR must not discriminate in any of the following areas:

- Decisions on who will be admitted, or have access, to any DLR financially assisted program or activity;
- providing opportunities in, or treating any person with regard to, such a program or activity; or
- making employment decisions in the administration of, or in connection with, such a program or activity.

If you think you have been subjected to discrimination through a DLR financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Equal Opportunity Officer  
SD Department of Labor and Regulation  
123 W. Missouri Ave.  
Pierre, SD 57501  
[DLR Equal Opportunity](#)

or

Civil Rights Center (CRC)  
US Department of Labor  
200 Constitution Ave. NW, Room N-4123  
Washington, DC 20210  
[US DOL CRC](#)

If you file your complaint with DLR, you must wait either until the DLR issues a Notice of Final Action or until 90 days have passed (whichever happens sooner) before filing a complaint with the Civil Rights Center (CRC).

If DLR does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the DLR to issue the Notice before filing a complaint to CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the DLR). You may request a printed copy of the DLR Grievance Procedures for more details.

If you receive a written Notice of Final Action from DLR regarding your complaint but are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action from DLR.

#### OTHER GRIEVANCES

To share concerns regarding the decision of a DLR staff member, which is not discriminatory in nature, an individual will contact the manager within 15 days of the decision. The manager will then provide a solution or explanation within 15 calendar days. If the individual wants to rebuke the manager's decision or finds it difficult to discuss the problem with the manager, they may proceed directly to the Director of Workforce Development, as discussed in the next paragraph.

To rebuke the manager's decision, written justification and any supporting documentation should be provided to the Director of Workforce Development within 15 days from the manager's response. If a written appeal is not received by the Director of Workforce Development within 15 calendar days of the manager's decision, the manager's decision is final.

Mail to:

Director of Workforce Development  
Department of Labor and Regulation  
123 W. Missouri Ave., Pierre, SD 57501

The Director of Workforce Development will make a final determination in writing within 15 days of receipt of the letter. If additional time is required for the manager or Director of Workforce Development to provide a meaningful response, the individual will be notified of the anticipated response date.

**CERTIFICATION**

This is to certify that the above information on Equal Opportunity and procedure for other grievances was explained to me and I have received a copy of this notice. Auxiliary aids and services are available upon request to individuals with disabilities. DLR is an Equal Opportunity employer/program.

\_\_\_\_\_  
APPLICANT (PRINT)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
\*PARENT/GUARDIAN (if applicant is under 18)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*Services are not withheld in the absence of a Parent/Guardian signature on this form.

*This document explains state and federal law regarding equal opportunity and discrimination as it relates to the Workforce Innovation and Opportunity Act (WIOA) programs. This document also contains information on how to file a complaint if you think you have been subjected to discrimination by the DLR.*

*Print your name, provide a signature, and date the form.*

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sdjobs.org

### ONE-STOP PARTNER PROGRAMS AND SERVICES ACKNOWLEDGEMENT

I \_\_\_\_\_ acknowledge that I have received the One-Stop Partner Program and  
(Please print your name on the line above)  
Services List in DLR WIOA Section 10 Form 3.2.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

This document provides a list and description of services available through DLR and our partner programs. Please review this list. If any of these programs interest you, or you would like to learn more about specific programs, please let your DLR representative know.

Print your name acknowledging that you have received this form, provide a signature, and date the form.