## **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.* 

signature, and date the joint before apiodaling.	
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, education 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 pe	erson, 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.	
	e authorization: By checking this box, I agree that I have reviewed and understand this information, but to provide authorization. Only check this box if you decline to allow DLR everything this form would allow.
ADDUCANT NAM	CICNATURE DATE
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 LEGA	AL GUARDIAN SIGNATURE DATE

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