



**Central Region Workforce Investment Area
Participant Release of Information**

As a participant in a Workforce Investment Act Title I program or Department of Public Welfare funded program or as a member of the participant’s family, I authorize these designated representatives of the following agencies to exchange information concerning my situation.

This authorization includes the following agencies:

- Bureau of Workforce Development Partnership
- Central Pennsylvania Workforce Development Corporation (CPWDC)
- Central Susquehanna Opportunities, Inc. (CSO)
- County Assistance Offices
- Current/Former Employers
- Domestic Relations Office
- InspiriTec
- Law Enforcement Agencies
- Local Education Agencies
- Office of Vocational Rehabilitation
- Pennsylvania CareerLinks
- Social Security Information
- STEP, Inc.

This authorization includes the following additional organizations or individuals (Applicant must initial any write-in additions):

It is understood that all information will be maintained in the strictest of confidence.

Signature of Applicant/Date

Signature of Family Member/Date

Signature of Parent/Guardian or other
Responsible Adult/Date

Signature of Family Member/Date

Witnessed/Date

Signature of Family Member/Date