



AUTHORIZATION TO RELEASE INFORMATION FORM

I hereby authorize CareerSource Brevard to obtain and release information to the listed partner agencies, organizations and training providers if requested. The information that may be released includes, but is not limited to employment details, school records, assessments, evaluations, and eligibility determinations.

I understand that any information collected will be held in confidence and used strictly to assist CareerSource Brevard in the delivery of workforce development services.

Partner Agencies (check all that apply and print any additional)

- Vocational Rehabilitation
- Brevard Public Schools
- Brevard Achievement Center
- Florida Department of Corrections
- AARP
- Economic Development Commission (EDC)
- Brevard County Jail/Brevard County Jail Case Coordinators
- Education/Training Providers _____
- Other _____
- Other _____

I also give authorization to any past, present or future employers to release the following information to a **CareerSource Brevard** representative:

- Name of Employer
- Address
- Telephone Number
- Job/Position Title
- Date of Hire
- Work Hours
- Salary/Rate of pay
- Benefits received

A facsimile or copy of the release will suffice as an original. This release shall be valid for three years after the date of my signature.

Customer Name (Print)

Last 4 Digits of SSN

Customer Signature

Date

Parent/Guardian Signature required (if under 18)

Date