****

(*replace with grantee name*)**- YOUTH CAREER PATHWAY PROGRAM**

**AUTHORIZATION OF RELEASE OF INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (YCP Participant Name)

hereby authorize (*replace with grantee name*) and/or their contracted representative to access information relevant to my status/progress (grades, progress reports, transcripts, certificates) in the Department of Commerce and Economic Opportunity (DCEO) sponsored employment training program.

I authorize the training provider to release relevant data to (*replace with grantee name*) or their representative.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize (*replace with grantee name*) and/or their contracted representative to solicit relevant information regarding my *previous, current, and/or future* employment status. I agree to provide name of my employer, supervisor, address, phone number, job title, hourly wage and hours per week.

I authorize my employer to release the above employment data to (*replace with grantee name*) or their contracted representative.

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 PARTICIPANT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PARENT/GUARDIAN SIGNATURE DATE

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 NAME OF AGENCY