



Participant Release Form - WIOA

Participant Name (First, Middle, Last):

Last 4 SSN

State ID #

As a Workforce Innovation & Opportunity Act (WIOA) participant, you may participate in the activities and programs of the San Bernardino County America's Job Center of California (AJCC) Partner agencies and other local service providers.

Your signature below authorizes the San Bernardino County Workforce Development Department to exchange information about you with the following agencies, as needed, and from these agencies to the Workforce Development Department:

☐ San Bernardino County AJCC System (MOU) Partner agencies

☐ Eligible Training Provider as listed on the ITA

☐ Other #1:

☐ Other #2:

☐ Other #3:

☐ Other #4:

All information exchanged between the above-listed agencies will be treated with the utmost confidentiality.

Participant Statement

I authorize the agency, institution, or individual provider selected above to release information about me to the San Bernardino County Workforce Development Department. I understand that this authorization will remain in effect unless I choose to revoke it in writing. I confirm that this form has been completed in full and was either read by me or read to me prior to signing.

Participant Signature

Date